

New Group Registration Form

Group Name:

Your Name:

Your Email:

Your Phone #:

This Group's 1st Meeting Will Be?: (Date & Time)

How Many Meetings Per Week?:

Name of Location Where Meeting Is Held?:

Address Of Meeting Location?:

Group GSR?:

GSR Email?:

GSR Phone #?:

GROUP MEETING INFORMATION

	EXAMPLE	MON	TUE	WED
Time:	7pm-8pm			
Open/Closed:	Closed			
Format:	Lit Study			

	THUR	FRI	SAT	SUN
Time:				
Open/Closed:				
Format:				

ADDITIONAL NOTES:

PR COMMITTEE SECTION

Updated on Webpage

Updated on PDF

Verified on NA.com