

NEW MEETING LISTING / EXISTING MEETING CHANGES – Date: _____

Please be as accurate and complete as possible. Incomplete listings and changes may not be updated!

Group Name: _____

Meeting Day(s)-Time(s): Check All that Apply – Enter the Time (i.e. 8:30 AM, 6:00 PM) Under the Checked Day(s)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Place: _____ (i.e. church or restaurant name)

Address: _____

City: _____ **Zip Code:** _____

Meeting Type - Legend Items: (Check All that Apply)

- C - Closed Meeting
- H - Handicap Access
- S - Speaker Meeting
- TS - Tradition Study
- 1H - 1 Hour Meeting Format
- CM - Candlelight Meeting
- M - Men's Meeting
- SB - Smoke Break
- W - Women's Meeting
- * - New Meeting / Needs Support
- G - Gay Supported
- O - Open Meeting
- SS - Step Study
- WS - It Works - How and Why Study

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