

SALT RIVER INTERGROUP GROUP REGISTRATION/CHANGE FORM



Date: _____ Group Number: _____
 Person Submitting: _____ Phone: _____
(1st Contact)
 Group/Meeting Name: _____ Day/Time: _____
 Meeting City: _____ Zip: _____

Renew (no change) -or- Meeting Stopped **Stop Here**

New Meeting -or- Meeting Changes → CONTINUE...

New Meeting Name	
Street Address	
City	Zip:
Location Name	

Circle day[s] of week: Sun Mon Tue Wed Thu Fri Sat

Time: _____ AM PM Hrs Long: _____

Meeting Format:

- Open (O - anyone can attend) -or- Closed (C - alcoholics only)
- Discussion (D) – Brief Speaker and/or Topic -or-
- Speaker (S) – Speaks most of meeting

Meeting Categories (circle):

EVERYONE Men only (M) Women only (W) Young People (YP) Senior Friendly (SF) Gay/Lesbian (GL)

Big Book Study (BB) 12&12 Book Study (X) Steps/Trad's Study (T)

Beginners (BG - meeting, separate room, or table)

Spanish Speaking Childcare Wheelchair Accessible (%) Smoking (K - non-smoking unless circled)

Comments:

Group Email	
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2 nd Contact Name	
Phone	

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