



OAHU INTERGROUP A.A. MEETING REGISTRATION FORM



This form is for registering meetings to be placed on the Oahu A.A. Meeting Schedule. It may also be used to make changes in the schedule.

DATE _____

NAME OF MEETING _____

LOCATION OF MEETING _____

ADDRESS OF MEETING _____

DAY OF MEETING _____ TIME OF MEETING _____

TYPE OF MEETING _____

(Discussion, Speaker, Big Book, Step Study, Etc.)

OPEN _____ CLOSED _____ ALL _____ MEN'S _____ WOMEN'S _____

GAY _____ NO SMOKING _____ NO SMOKING SECTION _____ SMOKING _____

LENGTH OF MEETING: ONE HOUR _____ HOUR AND HALF _____ OTHER _____

ADDITIONAL INFORMATION _____

(Military ID required etc)

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PERSON REGISTERING _____

ADDRESS _____

PHONE _____ E-mail _____

ALTERNATE CONTACT NAME _____ PHONE _____

E-mail _____

=====

INTEND TO REGISTER AS AN A.A. GROUP? : YES ___ NO ___? ___

OAHU DISTRICT # _____ DATE OF FIRST MEETING _____

Signature of person registering

NOTE: A copy of the completed form will be provided to the Area Committee to the Oahu District concerned.

All personal information will be held confidential and will not be published!