

Group Registration Form

Please return to: **Denver Central Office**
2926 Zuni St. Suite 202
Denver, Colo. 80211

Group Name: _____ Today's Date: _____

Meeting Address: _____ City _____ Zip _____

Facility Name : _____ Phone: _____

Meeting Information – District # _____ Zone : _____

Days and Times:

Mon _____ Tues _____ Wed _____ Thurs _____
Fri _____ Sat _____ Sun _____

Type of meeting: Please check appropriate spaces.

Discussion _____ Step Study _____ Book Study _____ Beginners _____ Speaker _____
Open _____ Closed _____ Mens _____ Womens _____ Gay _____
Young People _____ Smoking _____ Wheelchair _____ Other _____

(If you need more room for information about your meetings please attach an additional sheet.)

Special meetings: (i.e.; birthday/anniversary, traditions/concepts, dinner/potluck).

Day : _____ Time : _____

Group Contact:

Secretary/Treasurer _____ Phone _____

Address _____ City _____ Zip _____

Central Office

Delegate _____ Phone _____

Address _____ City _____ Zip _____

Night Watch/12 Step

Coordinator _____ Phone _____

Address _____ City _____ Zip _____

IT IS IMPORTANT THAT THE CENTRAL OFFICE HAVE UP-TO-DATE GROUP INFORMATION AS WE USE THIS INFORMATION FOR REFERRING NEWCOMERS TO YOUR MEETINGS AND KEEPING THE MEETING DIRECTORIES AS CURRENT AS POSSIBLE. OFTEN IT IS NECESSARY TO CONTACT SOMEONE REGARDING MATTERS AFFECTING YOUR GROUP. Thank you.

***ALL INFORMATION ON THIS GROUP FORM WILL BE KEPT STRICTLY CONFIDENTIAL.
PRINT AND MAIL THIS FORM TO THE OFFICE AND THE STAFF WILL CONTACT YOU.***