Submit Your Meeting Information

\*\* PLEASE NOTE: this form to is update existing meeting details and register new groups. It is NOT for anyone wanting to join or go to a group \*\*

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|  | First registration  Amend registered group |
| SECTION A |  |
| If New Group, date of 1st Meeting |  |
| (If change of time/day/venue) Date of change |  |
| Group Reference Number (If Known) |  |
| Name of Meeting \* |  |
| *Address of Meeting* | |
| Type of Meeting |  |
| Address Line 1 \* |  |
| Address Line 2 \* |  |
| Town/City \* |  |
| Post Code \* |  |
| County \* |  |
| Meeting held on: | Monday   Tuesday   Wednesday   Thursday  Friday  Saturday  Sunday |
| Meeting Start Time \* |  |
| Meeting Duration \* |  |
| If 'Open' Meetings held; give details when: |  |
| Other Information | Full Wheelchair Access  Facilities for Deaf/Hard of Hearing  Sign language interpreter  Loop for hearing aid users |
| SECTION B - FOR GSO CONFIDENTIAL RECORDS ONLY.PLEASE GIVE FULL NAMES & ADDRESSES FOR MAILING PURPOSES. |  |
| STRICTLY CONFIDENTIAL |  |
| All group correspondence to be sent to: \* |  |
| Telephone Number: \* |  |
| Email Address: |  |
| (For AA Service News only) | |
| Name, address & tel. no. of GSR: |  |
| To which Intergroup does your group belong? \* |  |