



MEETING LIST UPDATE FORM

(Please provide as much detail as possible.)

GROUP NAME _____

MEETING INFORMATION

DAY SUN ☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐ SAT ☐

START TIME : ☐ AM ☐ PM **DURATION:** Hrs. Mins.

TYPE OF CHANGE (Check all that apply)

New Meeting ☐ Emergency ☐ Temporary ☐ Permanent ☐

VENUE TYPE (Check only one)

In Person ☐ Virtual ☐ Hybrid ☐

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In Person ☐ Virtual ☐ Hybrid ☐

ADDRESS

Building Location (name of the building)	
Street Address	
Extra Info (e.g. cross streets, floor, etc.)	
Neighborhood (e.g. Harlem, Midtown, etc.)	

MEETING FORMAT (Check all that apply)

- | | |
|---|---|
| ☐ Beginners Meeting | ☐ Round Robin |
| ☐ Book Study | ☐ Step Working Guide |
| ☐ Basic Text | ☐ Spiritual Principle |
| ☐ Candlelight | ☐ Step Meeting |
| ☐ Concepts | ☐ Topic Meeting |
| ☐ Discussion | ☐ Tradition Meeting |
| ☐ Illness in Recovery | ☐ Traditions Workshop |
| ☐ Information Pamphlet (IP) | ☐ Women's Meeting |
| ☐ It Works How and Why | ☐ Men's Meeting |
| ☐ Just for Today | ☐ LGBTQI+ Meeting |
| ☐ Living Clean the Journey Continues | ☐ Youth in Recovery |
| ☐ Meditation | ☐ Closed Meeting (addicts only) |
| ☐ Pitch Meeting | ☐ Open Meeting (non addicts welcome) |
| ☐ Rotating Format | ☐ |

ADDITIONAL INFORMATION

- | | |
|--|--|
| ☐ Closed Holidays | ☐ Wheelchair Accessible |
| ☐ No Children Allowed | ☐ ID Required to Enter Building |