

CROSSROADS AREA GROUP UPDATE FORM



if the group is being registered for the first time, please use the New Group Registration Form
Please complete all information & print clearly!

Today Date _____

Group Name _____

This group was formed (month/year) _____ This group holds _____ meeting(s) per week

Area Name _____ Region Name _____

Group Mailing Address

Group Name		
Contact		
Address		
City		
State		
Zip		
Phone		

Group's Meeting Information

Meeting Days	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Meeting Time							
Language(s)							
Format							
Handicap Accessible							
Average weekly attendance							

(OD) Open Discussion (CD) Closed (BTS) Basic Test Study (H&W) How & Why Study
(OTHER) Other type of Format

Meeting Location

Place		
Address		
City		
State		

Zip		
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Any special criteria for entry? _____

Is this meeting held in an institution of correction facility? _____. If so, any special criteria for entry?
