

**SAN LUIS OBISPO COUNTY
CENTRAL OFFICE**

MEETING CHANGE REPORT FORM

Today's Date: _____ Effective Date of Change: _____

CITY: _____ DAY OF WEEK: _____

MEETING TIME: _____ MEETING DURATION: 1 hour 90 minutes Other _____

MEETING NAME: _____

MEETING ADDRESS: _____

CITY: _____ ZIP CODE: _____



TYPE OF MEETING CHANGE:

_____ DISCONTINUED

_____ DAY/TIME CHANGE (enter new info below)

New Day _____

New Time _____

_____ NEW ADDRESS (enter new info below)

NEW ADDRESS _____

CITY: _____ ZIP CODE: _____

_____ NEW MEETING (enter info at top, additional info below)

Meeting Type: _____ OPEN _____ CLOSED

Gender: _____ MEN _____ WOMEN _____ MIXED

Format: _____ DISCUSSION _____ BOOK STUDY

OTHER _____

Location: _____ CHURCH _____ HOME _____ SCHOOL

OTHER _____

YOUR INFO

(ALL of the info in this box MUST be filled out for this meeting change to take effect)

Name: _____ Contact Phone No: _____

Email (if available) _____

Address: _____ City: _____

Zip Code: _____

You can submit this form as follows:

1. Fill out, scan and email to: NNLEditor@GMAIL.COM, or
2. Drop off at Central Office: 1137 Pacific St, #B, SLO, CA 93401, or
3. Mail to Central Office: CCCOI, PO Box 12737, SLO, CA 93406, or
4. Bring to the Intergroup Meeting (2nd Sunday, 8:45am, Alano Club, 3075 Broad St., SLO)