

TCIO Meeting Schedule Change Form

Today's Date: _____ This change/addition/deletion is effective on _____

Group Name: _____ District _____

Group Address: _____

Meeting Day and Time: _____

Check all that apply to the meeting: Open Closed Men Women Non-Smoking
Beginner Big Book meeting Step Study Speaker Grapevine Traditions
Handicapped Accessible Handicapped Bathroom

I attest that the above information is for an AA meeting.

Printed Name and Signature: _____

Phone Number: _____