

Group Name:			
Meeting Info:		Time	Format
Monday?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tuesday?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Wednesday?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Thursday?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Friday?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Saturday?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sunday?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Group Contact Person:			
Address:			
Phone Number(s):			
Email address:			
Meeting Location/Facility:			
Location info (smoking or not, wheelchair access, wheelchair parking, wheelchair restrooms)			
Address:			

Phone:	
Location Contact Person:	
Phone Number(s):	
Location Contact Person:	
Phone Number(s):	
Is location/facility willing and/or able to house additional meetings on a temporary basis in the event of disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who/how to contact?	