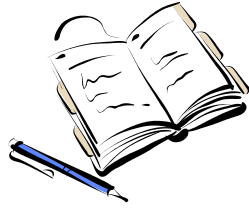


Date \_\_\_\_\_



Meeting Change Form  
South Island and Snohomish County Schedules  
New Meetings- Changed Meetings

Original Meeting Name \_\_\_\_\_

New Meeting Name \_\_\_\_\_

Place & Address of meeting

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City \_\_\_\_\_ District \_\_\_\_\_ Zipcode \_\_\_\_\_

Day of Meeting \_\_\_\_\_ Time \_\_\_\_\_ AM  PM

Please check the appropriate boxes:

Is the meeting New?

Is this a change of an Existing Meeting?

Is the meeting Closed?  Open?

Is this a Men Only meeting?  Women Only?

Is this General Discussion  Book Study  Speaker Meeting?

Smoking  Non Smoking  Break  No Break

Is there Handicapped Access?

Does the meeting offer Child Care  ASL interpretation  Spanish

What page # is the existing meeting listed on in the last printed  
schedule? \_\_\_\_\_

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Below will **NOT** be listed in the schedule but is requested for confirmation of group changes

GSR or Permanent Member Name \_\_\_\_\_

Phone \_\_\_\_\_

Please turn this form into your *District Schedules Chair* person or take it to your  
District Meeting.