## **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!

Group Name									Date		
This group was f											
	Region Name										
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Group Name											
Contact											
Address											
City State/Providence							·		<u> </u>		
State/Providence Zin/Postal								-			
Zip/Postal Country											
Country Phone (	)										
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	Please	indicate (O for	open) (C	for clos	ed) ne	ext to m	eetir	ng da	ys belov	N	
Meeting Days	Sun	Mon	Tues	v	Ved	Т	hur		Fri	l	Sat
Meeting Time					•						
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Language(s)											1
Language(s)											
Language(s)											
Language(s) Format  Average weekly attendance				ing Loc	ation						
Language(s)  Format  Average weekly attendance					ation						
Language(s)  Format  Average weekly attendance  Place					ation						
Language(s)  Format  Average weekly attendance  Place  address					ation						
Language(s)  Format  Average weekly attendance  Place  Address  City  Borough/Sub-City	,				ation						
Language(s) Format  Average weekly attendance	1				ation						