

A. A. / N. A. ATTENDANCE VERIFICATION SHEET

NAME _____ IS TO ATTEND A MINIMUM OF _____ MEETINGS A WEEK

Directions: Fill in date, name, time, and meeting attended. At conclusion of meeting, ask secretary to sign their name on attendance sheet.

NOTICE TO SECRETARIES: PLEASE DO NOT SIGN UNLESS PERSON ATTENDED ENTIRE MEETING.

DATE / TIME	NAME OF MEETING	SIGNATURE OF SECRETARY
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

PLEASE CHECK AND RESPOND TO ALL THAT APPLY:

I have stayed sober this week / month (circle one)	I have a Home group Y or N (circle one), name of Home group:
I have used this week / month (circle one), Y or N, if YES, specify:	My sobriety date is:
I have attended ___ meetings this week / month (circle one)	How many times this week / month (circle one) did you contact your sponsor?
I have a sponsor Y or N (circle one), First name:	