

Support Group Attendance Verification Forms

Your Name: _____

Type of Meeting (circle one): AA NA Al Anon SMART Recovery Church Other: _____

Date of Meeting: _____

Day of Week: _____

Location of Meeting: _____

Time Meeting Began: _____

Group LEADERS signature: _____

What did you learn about addiction/recovery in this meeting?

How will this apply to your recovery?

NOTE: Slips that are not completely filled out and/or not signed by the group leaders (not someone who is simply attending the meeting) will not be accepted.

Support Group Attendance Verification Forms

Your Name: _____

Type of Meeting (circle one): AA NA Al Anon SMART Recovery Church Other: _____

Date of Meeting: _____

Day of Week: _____

Location of Meeting: _____

Time Meeting Began: _____

Group LEADERS signature: _____

What did you learn about addiction/recovery in this meeting?

How will this apply to your recovery?

NOTE: Slips that are not **completely** filled out and/or not signed by the group leaders (not someone who is simply attending the meeting) will not be accepted.