

Lost My AA Attendance Sheet

Participant Information

- **Name:** [Participant's Full Name]
- **Contact Information:** [Phone Number] / [Email Address]

Meeting Attendance Record

Date	Meeting Topic	Meeting Type (In-person/Online)	Duration	Facilitator's Initials	Condition of Attendance (Checkbox)
					<input type="checkbox"/> On Time <input type="checkbox"/> Late
					<input type="checkbox"/> On Time <input type="checkbox"/> Late
					<input type="checkbox"/> On Time <input type="checkbox"/> Late
					<input type="checkbox"/> On Time <input type="checkbox"/> Late
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					<input type="checkbox"/> On Time <input type="checkbox"/> Late
					<input type="checkbox"/> On Time <input type="checkbox"/> Late

Participant Acknowledgment

- **Participant's Signature:** _____

- **Date Signed:** [Date]