

# Stepping Stones of Atlanta Recovery Residences

www.SteppingStonesofAtl.com

## WEEKLY RECOVERY MEETING SHEET

Your Name: \_\_\_\_\_

	Date	Meeting / Location / Time	Chairperson Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

### SPONSOR Meeting

*FILL THIS SECTION OUT EVERY WEEK whether there was an "in person" meeting or not.*

Sponsor's Name: \_\_\_\_\_

Sponsor's Phone: \_\_\_\_\_

Date	How Long?	Where are you in your step work?

**CLIENT SIGN HERE:** \_\_\_\_\_

By signing above, I attest that all of the information on this sheet is true and correct, and I give my permission to Stepping Stones of Atlanta to contact my sponsor and/or any of the above meeting leaders to verify this information.