Stepping Stones of Atlanta Recovery Residences

www.SteppingStonesofAtl.com

WEEKLY RECOVERY MEETING SHEET

Your Name: _____

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

SPONSOR Meeting

FILL THIS SECTION OUT <u>EVERY WEEK</u> 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.