

GROUP NAME : \_\_\_\_\_

Day: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Time : \_\_\_\_\_ Duration: \_\_\_\_\_

LOCATION : \_\_\_\_\_

Wheelchair access : Yes No

Special Interest Group: \_\_\_\_\_

Format : Rotating Topic Speaker Book Study Step Tradition Pitch  
Discussion JFT Beginner SPAD OTHER: \_\_\_\_\_

Group comments:

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Write on back if needed.