DATE:	DISTRICT NUMBER:		
	When & Where Me	eting Update Form	
Name of Group:			Area:
Address:			
City:	State: Zip:		
Church or Landmark:			
Contact Name:	Phone:		
Special Instructions/Comr	ments:		
	END A COPY OF TH		
DAY	TIME	MEETING TYPE(s)	Type of Change
Of the Week	EX: 7:00 PM	O, C, D, Beg, M, L, Zoom, Hybrid etc.	(New, Change, Delete)
If this is a 70	om Meeting, include	Meeting ID and Meet	ing Password
II tills is a 200	Meeting ID:	lineeting ib and meet	ing rassworu
	Meeting Password:		
Zoom Meetin	g Type: (circle one)	Hybrid	Zoom Only
	pace write on the back of t	his page. Send all pages	to the IG Office.
(updated 03/23/2022			

Please return this form to the Intergroup office by dropping it off at 3128 Beach Blvd, Jacksonville 32207, by fax at 904 399-8537 or by email at neflintergroup@gmail.com. If you need help filling this form out or have any questions, please feel free to call the Intergroup office at 904 399-8535, Monday through Friday from 9 a.m. to 5 p.m.