DATE:	DISTRICT NUMBER:		
	When & Where Mee	eting Update Form	
Name of Group:			Area:
Address:			
City:	St	ate:Zip:_	
Church or Landmark:			
Contact Name:	Phone:		
Special Instructions/Comr	ments:		
	END A COPY OF THEY CAN UPDATE T		
List of Meetings:			
DAY Of the Week	TIME EX: 7:00 PM	MEETING TYPE(s) O, C, D, Beg, M, L, Zoom, Hybrid etc.	Type of Change (New, Change, Delete)
If this is a Zo	om Meeting, include	Meeting ID and Meet	ing Password
	Meeting ID:		
	Meeting Password:		
Zoom Meeting Type: (circle one)		Hybrid	Zoom Only
For additional s	pace write on the back of t	his page. Send all pages	to the IG Office.

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.

(updated 03/23/2022