

**SAN LUIS OBISPO COUNTY  
CENTRAL OFFICE  
MEETING CHANGE REPORT FORM**

Today's Date: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

CITY: \_\_\_\_\_ DAY OF WEEK: \_\_\_\_\_

MEETING TIME: \_\_\_\_\_ MEETING DURATION:  1 hour  90 minutes Other \_\_\_\_\_

MEETING NAME: \_\_\_\_\_

MEETING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_



**TYPE OF MEETING CHANGE:**

\_\_\_\_\_ DISCONTINUED

\_\_\_\_\_ DAY/TIME CHANGE (enter new info below)

New Day \_\_\_\_\_

New Time \_\_\_\_\_

\_\_\_\_\_ NEW ADDRESS (enter new info below)

NEW ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

\_\_\_\_\_ NEW MEETING (enter info at top, additional info below)

Meeting Type: \_\_\_\_\_ OPEN \_\_\_\_\_ CLOSED

Gender: \_\_\_\_\_ MEN \_\_\_\_\_ WOMEN \_\_\_\_\_ MIXED

Format: \_\_\_\_\_ DISCUSSION \_\_\_\_\_ BOOK STUDY

OTHER \_\_\_\_\_

Location: \_\_\_\_\_ CHURCH \_\_\_\_\_ HOME \_\_\_\_\_ SCHOOL

OTHER \_\_\_\_\_

**YOUR INFO**

(ALL of the info in this box **MUST** be filled out for this meeting change to take effect)

Name: \_\_\_\_\_ Contact Phone No: \_\_\_\_\_

Email (if available) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

You can submit this form as follows:

1. Fill out, scan and email to: NNLEditor@GMAIL.COM, or
2. Drop off at Central Office: 1137 Pacific St, #B, SLO, CA 93401, or
3. Mail to Central Office: CCCOI, PO Box 12737, SLO, CA 93406, or
4. Bring to the Intergroup Meeting (2nd Sunday, 8:45am, Alano Club, 3075 Broad St., SLO)