

MEETING CHANGE REPORT FORM

Date: _____ Effective Date of Change: _____

Type of Meeting Change: New _____, Discontinued _____, New Address _____, Day/Time Change _____

Day of Week: _____ Time: _____

New Time _____, Other _____

Meeting Name: _____

Meeting Address: _____

City: _____ Zip Code: _____

Secretary: _____ Contact Phone: _____

Mailing Address: _____

City: _____ Zip Code: _____

*******PLEASE CIRCLE THE ONES THAT FIT YOUR MEETING*******

Meeting type: OPEN CLOSED
Gender: MEN WOMEN MIXED
Format DISCUSSION BOOK STUDY
OTHER: _____
Location: CHURCH HOME SCHOOL
OTHER: _____

**PLEASE MAIL TO: CCCOI
 P.O. BOX 12737
 SAN LUIS OBISPO, CA 93406
 ATTN: MEETING DIRECTORY**

This information will be sent to those in charge of the meeting directories, mailing lists and newsletter, etc. Additional copies of this form are available at Central Office.