

Sober Support Attendance Verification Form

Name: _____ Meeting Secretary Signature: _____

Date of meeting: _____ Meeting location: _____

Name of Meeting: _____ Open Meeting Closed Meeting

Describe the meeting (Discussion, Literature, Speaker, Topic/Theme):

Did you participate in the meeting? How? What did you learn or hear?

Did you do Service Work?

- | | |
|--|--|
| <input type="checkbox"/> Gave someone a ride to the meeting | <input type="checkbox"/> Shook everyone's hand and introduced myself |
| <input type="checkbox"/> Arrived early and engaged in fellowship | <input type="checkbox"/> Got phone numbers |
| <input type="checkbox"/> Arrived early and made coffee | <input type="checkbox"/> Stayed after the meeting to help clean up |
| <input type="checkbox"/> Greeted attendees before the meeting | <input type="checkbox"/> Other: _____ |

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