

**A.A./N.A./C.A.**  
**ATTENDANCE VERIFICATION**

**NAME \_\_\_\_\_ IS TO ATTEND A MINIMUM OF \_\_\_\_\_ MEETINGS PER WEEK**

**Directions: Fill in date & time then at the beginning of meeting, hand this form to chairperson or secretary so at the conclusion of the meeting they may sign their name on attendance sheet.**

**NOTICE TO CHAIRPERSON &/OR SECRETARIES: PLEASE DO NOT SIGN UNLESS PERSON  
ATTENDED ENTIRE MEETING.**

<b>NAME OF MEETING</b>	<b>NAME OF CHAIRPERSON OR SECRETARY</b>	<b>DATE / TIME OF MEETING</b>

**PLEASE CHECK AND RESPOND TO ALL THAT APPLY:**

I have stayed sober this week: YES or NO

I have used this week: YES or NO; if YES, specify \_\_\_\_\_

\_\_\_\_\_

I have attended \_\_\_\_\_ meetings this week

I have a sponsor: \_\_\_\_\_

I have a group home: \_\_\_\_\_

My sobriety date is: \_\_\_\_\_

How many times this week did you contact your sponsor? \_\_\_\_\_