ATTENDANCE RECORD

ALCOHOLICS ANONYMOUS / SELF HELP 12 STEP PROGRAM

This is to confirm that _____
(Print Your Name Clearly)

has attended the following meetings:

Date / Time	Group	Location	Leader sign or initials

(Signature): _____

Attendance Records Must Be Turned In At The Beginning Of Every Month.

This form is located at http://nhoh.med.navy.mil/Clinics/SARP/Forms.html under "Instructions and Forms".

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