



Sign-In Sheet
LifeRing Meeting
 LifeRing Secular Recovery

Sobriety Is Our Priority

Date: _____ City: _____ Location: _____

	First Name & Initial	E-mail Address*	Phone Number**
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[Continued on back of sheet]

*Put me on the local email list (optional).

**OK to phone me (optional).

Sec'y:	Book sale \$:
Chair:	Basket \$:
Topic:	Total \$:
Chair Next Week:	Treasurer:

Remarks:

Date: _____



	First Name & Initial	E-mail Address*	Phone Number**
16			
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*Put me on the local email list (optional).

**OK to phone me (optional).