

**EUROPEAN GROUP REGISTRATION / AMENDMENT FORM**

**DATE:** -----

*Please return completed form to:*

**GSO AA, PO Box 1, 10 Toft Green, York YO1 7NJ, England.**

*Please tick where appropriate:*

**First Registration**  **Date of 1<sup>st</sup> mtg** \_\_\_\_\_

**Amend group already registered**

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**SECTION A - Information for G.S.O. Records & Where to Find**

1. Group Reference number if known \_\_\_\_\_
2. Country: \_\_\_\_\_
3. Town or City of meeting venue \_\_\_\_\_
4. Name of Meeting: \_\_\_\_\_
5. Full Address of meeting venue: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Meeting on: **Mon**  **Tue**  **Wed**  **Thu**  **Fri**  **Sat**  **Sun**

7. Time meeting starts:  8. Smoking  Non-Smoking

8. Is meeting English Speaking: Yes \_\_\_\_\_ No \_\_\_\_\_

**Contacts for publication in Where to Find Directory (2 people maximum)**

Name: \_\_\_\_\_ Tel. no. (incl. Std code) \_\_\_\_\_

Name: \_\_\_\_\_ Tel. no. (incl. Std code) \_\_\_\_\_

**STRICTLY CONFIDENTIAL**

**SECTION B – FOR GSO CONFIDENTIAL RECORDS ONLY.  
PLEASE GIVE FULL NAMES & ADDRESSES FOR MAILING PURPOSES.**

**All group correspondence to be sent to:** -----  
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Tel no. (incl. code): -----

**Name, address & tel. no. of Secretary:** -----  
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Tel no. (incl. code): -----

**Name, address & tel. no. of Treasurer:** -----  
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Tel no. (incl. code): -----

**Name, address & tel. no. of GSR:** -----  
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Tel no. (incl. code): -----

**To which European Intergroup does your group belong?**

-----Intergroup

*For office use only*

<i>NY / REGION</i>	<i>Del</i>	<i>Stats</i>	<i>WEBSITE</i>
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