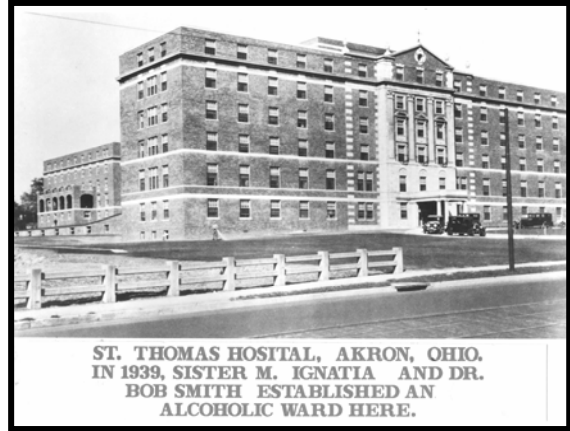


# AREA 57 TREATMENT FACILITY

## Participation Form



Your Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Your Home Group \_\_\_\_\_

\_\_\_\_\_ YES -- **I WOULD BE WILLING TO START TAKING A MEETING INTO A TREATMENT FACILITY! Please Contact Me.**

\_\_\_\_\_ YES -- **I WOULD LIKE TO PARTICIPATE (Help with) TAKING A INTO MEETING IN A TREATMENT FACILITY! Please Contact Me.**

\* \* \* \* \*

YES \_\_\_\_\_ **I AM CURRENTLY PARTICIPATING IN A MEETING IN A TREATMENT FACILITY! (Please fill in Below)**

FACILITY NAME \_\_\_\_\_

LOCATION of Facility \_\_\_\_\_

Type of Facility: 30-day \_\_\_\_\_ 7-day \_\_\_\_\_ 3 months or longer \_\_\_\_\_ Detox \_\_\_\_\_  
\_\_\_\_\_ Other (described) \_\_\_\_\_

YOUR CONTACT PERSON AT FACILITY \_\_\_\_\_

TYPE OF MEETING (BTG, SPEAKER, OPEN, ETC.) \_\_\_\_\_

DAY /TIME and PLACE of Meeting \_\_\_\_\_

THIS MEETING IS SPONSORED BY THE \_\_\_\_\_ GROUP

\_\_\_\_\_ I AM TAKING THIS MEETING IN BY MYSELF since (Date) \_\_\_\_\_

\_\_\_\_\_ I WOULD VERY MUCH LIKE TO HAVE A BACK-UP PERSON

WHAT I (WE) NEED:

MORE PARTICIPANTS to TAKE Meetings In \_\_\_\_\_ How Many? \_\_\_\_\_

LITERATURE (Big Books) \_\_\_\_\_ How Many? \_\_\_\_\_

LIAISON WITH THE FACILITY? \_\_\_\_\_ About \_\_\_\_\_

\_\_\_\_\_ Don't need anything, we are (I am) doing fine.

Other Comments: \_\_\_\_\_

**MAIL TO:** Area Treatment Committee Chair, PO Box 18415, OKC, OK 73154