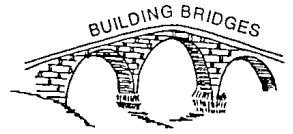




Group Registration Form



Date of First Meeting _____

Meeting day _____

Meeting time _____

Meeting location phone () _____

Meeting Address: _____

Name of meeting location:

What type of group: OO ACA TNT OK Kids Specialized: _____

Facilitator/contact person (to be posted on directory)

Name: _____

Home Phone () _____

Cell phone () _____

E-Mail: _____

(not posted – for office use only)

Address _____

City _____ State _____ Zip _____

Home Phone () _____

Cell phone () _____

E-Mail: _____

Co facilitator (if applicable)

Address _____

City _____ State _____ Zip _____

Phone () _____

E-Mail: _____

Additional Comments:

Note: Use this form to get your meeting added to the National Directory, or to update your meeting information. Fill out and mail to: **Overcomers Outreach, 6528 Greenleaf Ave. Suite 223, Whittier, CA 90601**. Providing personal information is optional. Information is only used for contact purposes. We need your help to maintain an accurate Directory. Thank You.