



Sign-In Sheet
LifeRing Meeting
 LifeRing Secular Recovery

Sobriety Is Our Priority

Date: _____ City: _____ Location: _____

	First Name & Initial	E-mail Address*	Phone Number**
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

*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: