



RISE Recovery Attendance Record for Alcoholics or Narcotics Anonymous Meetings



Powered by ONE Health Ohio

Name: _____

The above named individual is to attend Alcohol/Narcotics Anonymous Meetings. We would appreciate the printed name, phone number and signature of the chairperson or designee of the meeting to record attendance. The attendee is expected to fill out the columns prior to the meeting, with the expectation to receive a signature after completion of the meeting. Your cooperation is greatly appreciated.

	Date	Meeting Name	Printed Name of Chairperson or Designee	Phone Number of Chairperson or Designee	Signature of Chairperson or Designee
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					