

NASSAU INTERGROUP of Alcoholics ANONYMOUS

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Date _____

** NIGHT BOOK CONTACT list **

NIAA Number _____

GROUP NAME: _____

GROUP COORDINATOR: _____

COORDINATOR PHONE: _____

Day	DATE	NAME	PHONE #
SATURDAY			
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			

Please fill this form out completely and PLEASE print legibly!

**Any problems, PLEASE CONTACT THE NIGHT BOOK COORDINATOR:
nightbook@NASSAUNY-AA(DOT)ORG**

Back Up NAMES AND TELEPHONE NUMBERS

1 _____ 3 _____

2 _____ 4 _____

PHONE NUMBERS ARE NEEDED TWO WEEKS PRIOR TO THIS COMMITMENT!