

# GROUP CHANGE FORM

## PALM BEACH COUNTY INTERGROUP

DATE: \_\_\_\_\_

GROUP NAME: \_\_\_\_\_

DAY/TIME/FORMAT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

\_\_\_\_\_

CHANGE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

INTERGROUP REPRESENTATIVE: YES \_\_\_\_\_ OR NO \_\_\_\_\_

REP NAME: \_\_\_\_\_ ALT REP NAME: \_\_\_\_\_