



# EASTERN NEW YORK REGION

## MEETING PLACE INSURANCE REGISTRATION FORM

**Please complete all information**  
**Include the full street address of your meeting place location!**

**Group Name(s):** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**This Location has \_\_\_\_\_ group(s) w/Total of \_\_\_\_\_ meeting(s) per week**

**Area Service Committee Name :** \_\_\_\_\_

**Regional Service Committee Name: Eastern New York Region**

### Group's Meeting Information - Include +- 1Hr Set-up and Clean-up Time

(i.e. Meeting starts 8pm ends 9:30pm, set Start as 7pm end 10:30pm)

Meeting Days	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Start Time							
End Time							
Start Time							
End Time							
Start Time							
End Time							

### Meeting Location -EXACT ADDRESS REQUIRED!!

**Building Name :** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Postal Zip:** \_\_\_\_\_

**Country: USA**

### Contact Info for the Meeting place

*This is typically an email address of a stable group member who can forward any communication from NA World Services or the ENYR to the NA group. This may or may not be a current group trusted servant, and is not the group's meeting location address.*

**Group Contact:** \_\_\_\_\_

**Address :** \_\_\_\_\_

**City :** \_\_\_\_\_

**State:** \_\_\_\_\_

**Postal:** \_\_\_\_\_

**Phone :** \_\_\_\_\_

**Email Address :** \_\_\_\_\_