

CT RSC SCHEDULE COMMITTEE MEETING INFORMATION FORM

THIS IS A: CHANGE _____ ADDITION _____ DELETION _____

Meeting Day: _____ Town: _____

Time: _____ AM or PM How long is the meeting: _____

Handicapped Accessible? YES NO Smoking?: YES NO

Child Care Available? YES NO Keytag Meeting? YES NO

Meeting Name: _____

Meeting Location: _____

Street: _____

Type of Meeting: _____

IF THIS IS A CHANGE - SPECIFICALLY WHAT INFO IS DIFFERENT:

Group's Contact Person that can verify info/answer questions:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

***Changes cannot be processed without
names and numbers.**

Today's Date: _____

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