

**Please return this form to the Area Secretary or IT Chair  
or emailed to**

**[wncanasec@gmail.com](mailto:wncanasec@gmail.com) and [it.wncna@gmail.com](mailto:it.wncna@gmail.com)**

Group Name \_\_\_\_\_

Facility name and address \_\_\_\_\_

Meeting day(s), time(s) and format(s) \_\_\_\_\_

**Amenities**

Handicap Accessible \_\_\_\_\_ Onsite Parking \_\_\_\_\_

Bathrooms \_\_\_\_\_ Child Care Area \_\_\_\_\_

Anything special about getting in? i.e. "Upstairs, down the alley" \_\_\_\_\_

Any special rules? i.e. "No Smoking/Vaping or Guns allowed" \_\_\_\_\_

Day and time of business meeting i.e. "last Friday of the month after the regular meeting" \_\_\_\_\_

Anything else wanted on the website regarding this meeting? \_\_\_\_\_

**GSR name, email and phone** \_\_\_\_\_