

Month _____ Year _____

Required Meeting (circle): 1 2 3 4 90/90

Name** _____

Sponsor : First Nmae/Last Initial (Print)**** _____
Sponsor Phone Number _____

Sponsor signature*** _____

List name of group
Time attended and
Initials of Moderator

MEETING ATTENDANCE VERIFICATION CALENDAR

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

****PLEASE** be sure to print your full name (first & last) prior to submitting to the Board. Failure to do so may result in a non-compliance report. *****By** signing this calendar, you are verifying regular attendance and contact with participant. RPTP staff may contact you for verification.

Return original form to the Board office via mail, 2110 W. Pinhook Rd., Ste. 202, , Lafayette, LA 70508 by the 15th of each month.