

**AFG Area 9 – Alateen Group Sponsor Information Form
Panel 64- 2024**

Alateen Group Name:

Alateen Group WSO ID:
Area 9 District Number:
Date and Time of Meeting:
Address of Meeting:

Group Sponsor Information

Name of Alateen Group Sponsor:

Email of Alateen Group Sponsor:

Phone number of Alateen Group Sponsor:

Mailing address of Alateen Group Sponsor:

By signing this form (digitally or by hand) I am certifying that I am the Group Contact and Group Sponsor of the Alateen Meeting listed above. I know that it is my responsibility to inform the District Representative and the Area Alateen Processing Person of any changes to this information within 14 days of a request for an update. Lack of a response will result in the Alateen Group being inactivated, and my status as an AMIAS will be inactivated.

Signature of Group Sponsor

To be filled out by AAPP:

Date Requested _____. Follow Up: email _____. Phone _____.

Date of Change _____. Date of Inactivation _____