



www.lacoaa.org

LACOOA CENSUS OF MEETING INFORMATION FORM

Thank you for taking the time to "Fearlessly and Thoroughly" fill out this form.

This form is part of a large endeavor to keep The Los Angeles Central Office Directory as up to date and accurate as possible. With this census, we are hoping to reach the thousands of meetings that have been listed in our directory over the years and update and remove outdated information. The second purpose is to also expand the information we provide with each listing so our community can find the meetings that will best fit their needs. It is important that the information collected is correct, and complete. Please answer each question to the best of your ability as the trusted servant of your group. All of this information is kept confidential and is intended only for verification purposes.

Thank you for helping us complete this vision!



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1 PERSON FILLING OUT THIS FORM

TODAY'S DATE: _____

Name: _____ Email Address: _____
LAST FIRST

Relationship to Meeting: _____ Phone Number: _____
XXX-XXX-XXXX

2 BASIC MEETING DETAILS

Meeting Name: _____ Meeting Number: _____
FOUND IN THE LACOOA MEETING DIRECTORY

Meeting Address: _____ Room Name/Number: _____
NUMBER AND STREET ONLY

Meeting City/Community: _____ Meeting Zip Code: _____

Meeting Duration: 1 hour 1.5 hours 2 hours OTHER: _____ Meeting Start Time: _____
EX: 8:30 a.m.

Day of Week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

3 EXPANDED MEETING DETAILS

This section will help us better inform the community about which meetings will fit their needs. We appreciate any and all information you can provide.

PARKING Parking Lot Street Parking Other _____

TYPE OF MEETING A = Atheist/Agnostic G = Gay L = Lesbian LGBTQ+ = Lesbian, Gay, Bisexual, Transgender, Queer, +
M = Men N = Native American BE = Newcomer/Beginner T = Transgender W = Women Y = Young People
Not Applicable Other: _____

ACCESSIBILITY BA = Babysitting Available CF = Child-Friendly FF = Fragrance Free ASL = Sign Language Interpreter
SF = Senior Friendly SM = Smoking Permitted Language Specific (pls list language below) Not Applicable

LANGUAGE English Spanish Russian Hebrew Farsi Mandarin Cantonese Korean Japanese Other _____

FORMAT 12 x 12 = 12 Steps & 12 Traditions ABSI = As Bill Sees It AL-AN = Concurrent with Al-Anon
AL = Concurrent with Alateen B = Big Book C = Closed XT = Cross Talk Permitted DR = Daily Reflections
D = Discussion GR = Grapevine LIT = Literature LS = Living Sober MED = Meditation O = Open
SP = Speaker ST = Step Meeting CL = Candlelight Other: _____

FACILITY Bar Beach Business Café Center Club Hospital House Mission Park
Place of Worship Recovery Restaurant School Theatre Other: _____

Additional notes or information _____

4 SERVICE ENTITIES

To get a better understanding of the groups who have access to the information of what is happening at the local and global level, please let us know about your General Service or Central Service Representatives.

If this box is checked there are no current meeting representatives.

Central Service Representative Name _____

CSR Email _____ CSR Phone Number _____
XXX-XXX-XXXX

General Service Representative Name _____

GSR Email _____ GSR Phone Number _____
XXX-XXX-XXXX