

**SAN LUIS OBISPO COUNTY
CENTRAL OFFICE**

MEETING CHANGE REPORT FORM

Today's Date: _____ Effective Date of Change: _____

CITY: _____ DAY OF WEEK: _____

MEETING TIME: _____ am/pm DURATION: ___ 1 hour ___ 90 minutes Other _____

MEETING NAME: _____

MEETING ADDRESS: _____

CITY: _____ ZIP CODE: _____

TYPE OF MEETING CHANGE:

_____ NEW MEETING (Add)

_____ MEETING CHANGE

_____ DISCONTINUED (Delete)

_____ DAY/TIME Day _____ Time _____ am pm

_____ NEW ADDRESS: _____

CITY: _____ ZIP CODE: _____

Meeting Type: _____ OPEN _____ CLOSED

Gender: _____ MEN _____ WOMEN _____ LGBTQ+ _____ MIXED

Format: _____ DISCUSSION _____ BOOK STUDY _____ SPEAKER

OTHER _____

Location: _____ CHURCH _____ HOME _____ SCHOOL

OTHER _____



YOUR INFO

Name: _____ Contact Phone No: _____

Email (if available) _____

You can submit this form as follows:

1. Fill out, save and email to: Communications@gmail.com, -or-
2. Drop off at Central Office: 1333 Van Beurden Dr., Los Osos, CA 93412, -or-
3. Mail to Central Office: CCCOI, PO Box 6819, Los Osos, CA 93412