

Monona Serenity Group, Inc.
Application for a 12-Step Meeting or Related Event

Recurring Meeting Single Event

Date of Application _____ Requested Start Date: _____

Group Name: _____

Requested Date and Time: _____

12-Step Affiliation _____

Meeting Format? _____ Is Meeting
Open or Closed: _____

Estimated # of Attendees _____ Requested Room: _____

All applicants have read and agree to follow the guidelines for meetings to be held at Monona Serenity Group which are published at www.mononaserenitygroup.org

Primary Contact Name: _____

Contact Phone(s): _____

Contact Email _____

Secondary Contact Name: _____

Contact Phone(s): _____

Contact Email _____

Signature of Contact: _____

All groups must notify the Board of Directors of any change in contact information.

Please submit the completed and signed form to the Board of Directors by mail or email.

Monona Serenity Club

Attn: Board of Directors or info@mononaserenitygroup.org
4933 Prairie Dock Dr.
Madison, WI 53716

Date _____

Approved by MSG Board of Directors: _____
Notification to Steering Committee: _____