

Bridging the Gap Temporary Contact Form

First Name: _____ Last Initial: _____

Area #: _____ District #: _____

Female: _____ Male: _____

City: _____

Home Phone #: _____

Cell Phone #: _____

Home Meeting Day and Time: _____

(Optional) Meetings you Attend: (Location, Day of Week and Time)

This information is confidential and will not be shared.

PLEASE RETURN THIS FORM TO BRIDGING THE GAP CONTACT REPRESENTATIVE:

Shane M.
W2545 Daisy Ln
Merrill, WI
54452
Cell # (715)409-3513
Email: shane.btgcontact@yahoo.com

THANK YOU FOR YOU SERVING THE ALCOHOLICS ANONYMOUS PROGRAM