



# CAPITAL AREA DEBTORS ANONYMOUS

The DA Intergroup Serving Washington DC, Maryland and Virginia

<http://www.capitalareada.org/index.html>

## WHERE AND WHEN UPDATE FORM

Date: \_\_\_\_\_

Group Information <i>(with General Service Office)</i>		
Group Name	<input type="checkbox"/> DA <input type="checkbox"/> BDA	Group Number

Meeting Information			
Day of Meeting	Start Time	End Time	
Name of Location			
Location Address			
City	State	Zip	County
Directions/ Special Instructions/Other Information			
<b>Transportation/Accessibility:</b> <input type="checkbox"/> Parking <input type="checkbox"/> Wheel Chair Accessible <input type="checkbox"/> Bus _____ <input type="checkbox"/> Metro Line _____			

Meeting Topic <i>(ie Big Book, Tools, Traditions, etc...)</i>	
Weekly	
Week 1	Week 4
Week 2	Week 5
Week 3	

Group Contact Information: <i>(Please provide two contacts)</i>	
Name:	Name:
Phone Number:	Phone Number:
Email:	Email:
CADA Representative	
Name:	Phone Number:
Email:	

Please return to [elanapGTBH@gmail.com](mailto:elanapGTBH@gmail.com) or your CADA representative. **Thank you for your service!**