

**AFG Area9– AlateenGroupSponsorInformationForm
Panel 64 - 2026**

AlateenGroupName: _____

Alateen Group WSO ID: _____

Area 9 District Number: _____

Date and Time of Meeting: _____

Address of Meeting: _____

GroupSponsorInformation

Name of Alateen Group Sponsor: _____

Email of Alateen Group Sponsor: _____

Phone number of Alateen Group Sponsor: _____

Mailing address of Alateen Group Sponsor: _____

By signing this form (digitally or by hand) I am certifying that I am the Group Contact and Group Sponsor of the Alateen Meeting listed above. I know that it is my responsibility to inform the District Representative and the Area Alateen Processing Person of any changes to this information within 14 days of a request for an update. Lack of a response will result in the Alateen Group being inactivated, and my status as an AMIAS will be inactivated.

Signature of Group Sponsor

To be filled out by AAPP:

Date Requested _____. Follow Up: email _____. Phone _____. _____

Date of Change _____. Date of Inactivation _____