

Month: _____ Year: _____

Personal Recovery Calendar

Required Meetings (circle): 1 2 3 4 90/90

Remember to List Name of Meeting
Time Attended and
Have Person Leading Meeting Initial

Name: _____

SPONSOR: First Name/Last Initial (Print)***: _____ Signature: _____ Phone Number: () - - _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

**In order to receive credit, please be sure to print your full name (first & last) prior to sending.

***By signing this calendar, you are verifying regular attendance and contact with sponsee. You may be contacted for verification.