

**SORNA Healing and Reentry**  
**700 Black Kettle Boulevard**  
**P.O. Box 102**  
**Concho, Oklahoma 73022-0102**

## 12-STEP MEETING LOG SHEET

Participant's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number Completed	Date	Time of Day	Location City, Building Name	Type: CA,AA, NA	Print Chairperson Name	Chairperson Phone Number
1.						
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25.						

Chairperson/ Sponsor Comments:

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Chairperson/ Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be completely filled out.  
Please return to SORNA Healing and Reentry when hours are completed.