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Support Group Name

Meeting Day: {Day of the week. Include times per month—example: Every Tuesday}

Meeting Time: {xx:xx a.m./p.m. – xx:xx a.m./p.m.}

Location: {Address and specific building/room number if applicable}

Facilitator: {Name}

Facilitator Contact Information: {Phone and/or email}

Meeting Notes: {Anything specific to the group. Example: parking instructions}

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**\*\*\*\*\*\*\*\*Delete any unused slots and brackets before printing or distributing!\*\*\*\*\*\*\*\***