

# Florida Region Nar-Anon Outreach Report

**Member Name:**

**Group:**

**Date of Outreach Activity:**

**Type of Outreach:** Select primary type.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> School             | <input type="checkbox"/> Local Police / Sheriff | <input type="checkbox"/> State / Gov't Agency |
| <input type="checkbox"/> Treatment Facility | <input type="checkbox"/> Hospital               | <input type="checkbox"/> Medical Facility     |
| <input type="checkbox"/> Clergy             | <input type="checkbox"/> Other, Describe below  |   |

**Specific Name of Organization, Institution, Department, Business or Event:**

**Contact Person Information:**

**Name:**

**Address:** Line 1:

Line 2:

City:

State:

Zip Code:

**Phone:**                      **FAX:**

**E-mail Address:**

**Website URL:**

**Outcome of discussions – Select all that Apply:**

- |  |  |
|--|--|
| <input type="checkbox"/> Contact Information was supplied  | <input type="checkbox"/> State Meeting Lists were supplied   |
| <input type="checkbox"/> Local Meeting Lists were supplied | <input type="checkbox"/> White literature was supplied       |
| <input type="checkbox"/> I was invited back                | <input type="checkbox"/> An outreach follow-up was requested |
| <input type="checkbox"/> All of the above                  |  |
| <input type="checkbox"/> Other, Describe:                  |  |

**Specific Step By Step instruction below:**

**Always keep Nar-Anon Traditions in mind when doing Outreach.**

**Thank you for your Service.**