

AA ATTENDANCE CARD

Name: _____ File _____

Address: _____ Phone: _____

WHEN CARD IS FULL RETURN TO CHISAGO COUNTY PROBATION (651) 213-8350

313 North Main St. Room 100, Center City, MN 55012

| | DATE | LOCATION | SQUAD LEADER SIGNATURE |
|----|-------|----------|------------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |

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