

TRIP REQUEST FORM

I want to go to: _____

Dates: _____

With: _____

They are sober: _____ Yes _____ No

If they drink or use drugs, I will stay sober by doing: _____

I will go to _____ (number) of meetings. I have attached the local meeting schedule for the area I am visiting.

If I cannot get to a meeting, I will stay sober by:

_____ 1) Reading a chapter of the Big Book and writing about it;

_____ 2) Attending an on-line meeting;

_____ 3) Other: _____

I have permission from my treatment counselor: _____ Yes _____ No

I have permission from my parents/guardians: _____ Yes _____ No

Date: _____

(signature)

PARENT APPROVAL REQUIRED
(signature – approved)