

# Request for Temporary Contact

Mid-Southern California - Treatment Facilities Committee

<http://www.msca09aa.org/TF.html>

When you are discharged from your treatment facility we want to offer the help of an AA volunteer to take you to meetings in your home town, temporarily - to show meeting locations and introduce you to AA members.

Name:		
Age:	Sex: Male / Female (circle one)	Discharge Date

Treatment Facility Name:
Treatment Facility Location
Treatment Facility Phone Number:

After Discharge my address will be (at least city location):

Phone Number:

E-Mail or Call for Temporary Contact when discharged:

E-Mail: [tf@msca09aa.org](mailto:tf@msca09aa.org)