



**AREA 61 – Wisconsin & UP of Michigan**  
**AL-ANON / ALATEEN**  
*For families & friends of alcoholics*

**Shared Room Occupancy Form**  
 (required for tax-exempt documentation)

Date: \_\_\_\_\_

Event: \_\_\_\_\_

Room Registered to: \_\_\_\_\_

Area 61 Position: \_\_\_\_\_

Room Rate: \_\_\_\_\_ ÷ Number of People in room: \_\_\_\_\_ = Rate/Person: \_\_\_\_\_

**OCCUPANTS:**

<u>Name</u>	<u>Position</u>	<u>Paid by Area</u> <i>circle yes or no</i>	<u>Amount Payable to Area</u>
_____	_____	yes	_____
_____	_____	yes / no	_____
_____	_____	yes / no	_____
_____	_____	yes / no	_____
_____	_____	yes / no	_____
_____	_____	yes / no	_____

Total Due to Area Treasurer: \_\_\_\_\_

**Make checks payable to “WI Al-Anon/Alateen, Inc.”**

The person to whom the room is registered is responsible for collecting funds and turning over to the Area 61 Treasurer. Failure to do so may result in losing the tax-exempt status for future room fees.