

GROUP REPORT FORM

GROUP: ____

MEETING PLACE & ADDRESS:

Meeting Days and times

Mon.@

Tues.@

Wed@

Thurs@

Fri@

Sat.@

Sun.@

GSR:

Treasurer:

Alt.GSR;

Secretary

Avg. Attendance:

Avg. 7th:

Funds available:

Next Group Conscience:

SEND COPY OF MINUTES TO:

Phone:

E-mail address: _____@_____