

GROUP SERVICE REPRESENTATIVE REPORT

DATE _____

NAME OF GROUP _____
MEETING PLACE _____
ADDRESS _____

CONTACT FOR MEETING SCHEDULE

NAME _____
PHONE # _____

HAS THIS INFORMATION CHANGED ? **YES** **NO**
TYPE OF MEETING **OD / CD / OS / STEP / STS**

TRUSTED SERVANTS
GROUP SERVICE REPRESENTATIVE

NAME _____
ADDRESS _____

PHONE # _____

SECRETARY **NAME** _____
ADDRESS _____

PHONE # _____

TREASURER **NAME** _____
ADDRESS _____

PHONE # _____

OF MEMBERS _____
AVERAGE ATTENDENCE _____
OF NEWCOMERS _____

TOPICS FOR THE MONTH :

GROUP NEEDS:

LITERATURE _____
CHIPS _____
SPEAKERS _____
SUPPORT _____
MEETING SCHEDULES _____
TRUSTED SERVANTS _____

HOW ARE MEETINGS GOING ? ARE THERE ANY PROBLEMS THAT NEED TO BE DISCUSSED WITH THE AREA SERVICE COMMITTEE ? HOW CAN THE ASC OR ANY SERVICE COMMITTEE HELP YOUR GROUP ?

AFTER EXPENSES WE ARE DONATING \$ _____ **TO THE AREA GENERAL FUND**

GROUP SERVICE REPRESENTATIVE OR ALTERNATE SIGNATURE: _____