

GSR Report Form~Area 02

Assembly Date:

Theme:

Location:

This portion of the report is informational only, please omit it from your verbal report

Group Name:

Average Attendance:

District #

of Home Group Members:

Meeting Location:

of Newcomers:

Day(s) of the week:

Date of last group conscience

Meeting Time(s):

of members in attendance:

GSR:

Alternate GSR:

Contact Info:

Contact Info:

GSR Report :

Tell us about your Group, Problems...Solutions...Experience...Strength and Hope.

Group Name & Location:

How does your group participate in the General Service Structure?

Briefly describe what you have learned, or would like to learn as a General Service Representative:

Please hand your report to the Secretary when completed