

# BASC GSR REPORT FORM

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

Group # \_\_\_\_\_

## YOUR POSITION (CIRCLE ONE)

GSR                  GSRA                  REPRESENTING

Group name: \_\_\_\_\_

Group format: \_\_\_\_\_

Meeting Time: \_\_\_\_\_

Meeting Day: \_\_\_\_\_

Location: \_\_\_\_\_

**Is this Info the same as Last Month? (CIRCLE ONE)->**  
**'Same'      or      ' Changed '**

Your Name: \_\_\_\_\_

Your Phone number: \_\_\_\_\_

Group Rent: \_\_\_\_\_

Amt. Spent on Literature: \_\_\_\_\_

Amt. Donated to Area: \_\_\_\_\_

Group's Home Balance: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return completed form to secretary