

# BASCNA / GSR REPORT FORM

Date: \_\_\_\_\_ Group #: \_\_\_\_\_

YOUR POSITION (CIRCLE ONE)      GSR      GSRA      REPRESENTING  
DOES THIS GROUP NEED SUPPORT? (CIRCLE ONE)      YES      NO

Group Name: \_\_\_\_\_

Group Format: \_\_\_\_\_

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

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

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

IS THE MEETING INFO THE SAME AS LAST MONTH? (CIRCLE ONE)      SAME      CHANGED

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

Your Phone Number: \_\_\_\_\_

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

Amount Spent on Literature: \_\_\_\_\_

Amount Donated to Area: \_\_\_\_\_

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

Average Group Attendance: \_\_\_\_\_

ADDITIONAL COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO SECRETARY**