

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