WVASCNA
MONTHLY GROUP REPORT

Please bring completed reports to Area Meeting

Month of _____, 20__

Group Name_____

Home Group (Group Conscience Meeting) held on_____(day of the week)

Home Group meets at _____(address of meeting)

GSR_____Phone#_____

Alt GSR_____Phone#_____

Literature Order _____

Area Donation _____

Announcements from our group to be included in the ASC Minutes
This includes need for support, special events, or locations.

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