Central Arkansas Area Service Committee of Narcotics Anonymous

GSR Reporting Form

Homegroup: _____

GSR Name (First & Last initial): _____

GSR email: _____

Meeting space: ☐ In Person ☐ Virtual ☐ Hybrid

Group meets on:

☐ Daily @ Time: _____

☐ Sunday @ Time: _____

☐ Monday @ Time: _____

☐ Tuesday @ Time: _____

☐ Wednesday @ Time: _____

☐ Thursday @ Time: _____

☐ Friday @ Time: _____

☐ Saturday @ Time: _____

GSRA Name (First & Last initial): _____

GSRA email: _____

Treasurer Name (First & Last initial): _____

Treasurer email: _____

Secretary Name (First & Last initial): _____

Secretary email: _____

Attendance Average (#): _____ New Members (#): _____

Donation to ASC: $_____ Literature Order? ☐ Yes ☐ No

Upcoming Birthdays: _____

Upcoming Activities:_____

_____

_____

_____

Any other Updates:

_____

_____

_____

_____