

Group Report Form

Date				
Name Of Group				
Trusted Servants	Secretary <input type="checkbox"/>	Treasurer <input type="checkbox"/>	GSR <input type="checkbox"/>	Alt GSR <input type="checkbox"/>
Average Attendance	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	
7th tradition Collection	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	
ASC minutes received	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Correction				
Grievance				
Clarifications				
Announcements				
Proposed Motion				
Group Conscience				
Suggestion				
Contribution to ASC				
Requirements				

Name, Signature & Service Position