

CROSSROADS AREA

GROUP SERVICE REPORT



Date: _____ / _____ / _____

Group Name: _____

Meeting Place: _____

Number of Home Group Members: _____ Active Home Group Members: _____

MEETINGS	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Time							
Format							
Avg. Attendance							
Newcomers							

Group Trusted Servants:

GSR: Name _____ Phone: _____

Secretary: Name _____ Phone: _____

Treasurer: Name _____ Phone: _____

Group Mailing Address: _____

Group E-mail Address:

How are meetings going? Are there any problems that need to be discussed with the Area Service Committee? How could the Area or any sub-committee help?

Anniversaries, Celebrations, Other comments or information:

Area Donation: _____