Puget Sound Area Service Committee
Group Report

Date: _____

Group Name: _____

Group GSR: _____
Group Chair/Secretary: _____
Alt GSR: _____
Treasurer: _____

Short Report On Status of Group --- Needs/Problems/Solutions

_____
_____
_____
_____
_____
_____
_____
_____

Read Report Above Line Only

Type of Meeting – Circle those that apply:

Open Closed Non-Smoking Smoking Break Handicap Accessible
Open Discussion Step Study Tradition Study Young Person's Men's Women's Gay/Lesbian Topic Discussion Candle Light
Other: _____

Meeting Address: _____
City: _____
Facility Name: _____

Day(s) & Time of Meeting: _____
Day(s) & Time of Meeting: _____
Day & Time of Group Conscience: _____