

South Atlanta Area Service Committee (S.A.A.S.C.)

GROUP SERVICE REPRESENTATIVE (GSR) REPORT

Group Name: _____

Contact name: _____

Phone number: _____

How are meetings going are there any special needs?

Birthday/Celebration (***Please include date & years clean***)

GSR: _____ GSRA _____

GSR Email: _____ GSRA Email: _____

Date: _____

Donation Amount: _____

Leave blank unless meeting location & time has changed from what's on current area meeting list and/or website.

Location: _____

Dates & time: _____