

Area Service Meeting Date: _____

Group Service Representative (GSR) Area Service Form

GSR Name: _____ **Alternate GSR Name:** _____

**Please see Secretary to update GSR & Alternate GSR contact info to ensure you receive Minutes for your Home Group meeting.*

Group Name: _____

Number of Group Members: _____

Meeting Day(s) & Time(s)*: *only fill in if updating*

Location (Address)*: *only fill in if updating*

Average Weekly Attendance: _____

Average Newcomer Attendance: _____

Group Donation to Area: \$ _____

Literature Order at Area: \$ _____

Group Anniversary Celebrations: *First Name, Last Initial, Amt. of Clean Time, Date of Celebration*

Report to be input into Area Minutes: *Group status, questions or concerns to be address at Area*
