

## EEASCNA GSR Report

Date: \_\_\_\_\_

Group Name:	Facility Name and Address:
Day(s):	Time(s):

**Has any of this information changed in the last 2 months? Yes or No If so, please notify Public Relations AND Area Secretary.**

GSR:	Group Secretary:	Group Treasurer:
GSR Alternate:	Secretary Alternate:	Treasurer Alternate:

Average Attendance \_\_\_\_\_ Newcomers \_\_\_\_\_ Date of next Group Conscious \_\_\_\_\_

Comments for the month (birthdays, group anniversaries, etc):  Are meetings going well or are there problems to be discussed?  What can the East End Area do to help your group carry the message?
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Is your group making a donation today? \_\_\_\_\_ Amount: \_\_\_\_\_ Trusted Servant: \_\_\_\_\_

***"Our service structure depends on the integrity and effectiveness of our communications"***

***Twelve Concepts of NA Services, Concept 8***

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