

GSR Report Form

Date: _____

GSR Name: _____

Alternate GSR Name: _____

Registered Name of Home Group: _____

Type of Meeting: _____
(Open, Closed, Discussion, Speaker, Step Study, Big Book Study, etc.)

General Service Number: _____

Date of Group Anniversary: _____

Number of Home Group Members: _____ Average Attendance: _____

Day(s), Time, and Address of Meeting:

Frequency/Time of Group Conscience Meetings: _____

Meeting Highlights:

Group Upcoming Events:

Please Submit at the District Meeting
Thanks for Serving!