



# Group Report Form

Group Name: \_\_\_\_\_

REP: \_\_\_\_\_

Meeting Day and Time: \_\_\_\_\_

Meeting Location: \_\_\_\_\_

Meeting Format: \_\_\_\_\_

Starting Balance: \_\_\_\_\_

Literature Purchase: \_\_\_\_\_

Donation to ASC: \_\_\_\_\_

### Open Commitments (check all that apply)

|             |                          |              |                          |                          |                          |
|-------------|--------------------------|--------------|--------------------------|--------------------------|--------------------------|
| Chairperson | <input type="checkbox"/> | GSRA         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secretary   | <input type="checkbox"/> | Coffee Maker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Treasurer   | <input type="checkbox"/> | GHIR         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| GSR         | <input type="checkbox"/> | Greeter      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Group Issues/Concerns: \_\_\_\_\_

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