PCASC Today's Date:_____

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		GSRA			
Secretary		Coffee Maker			
Treasurer		GHIR			
GSR		Greeter			

Group Issues/Concerns: _____
_____
_____
_____
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