



# Group Report Form

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

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

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

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

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

Working 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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