



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"/>
Secretary	<input type="checkbox"/>	Coffee Maker	<input type="checkbox"/>		<input type="checkbox"/>
Treasurer	<input type="checkbox"/>	GHIR	<input type="checkbox"/>		<input type="checkbox"/>
GSR	<input type="checkbox"/>	Greeter	<input type="checkbox"/>		<input type="checkbox"/>

Group Issues/Concerns: _____
