

GSR REPORTS

Name of Group: _____

Location: _____

Day / Time _____

Wheelchair Accessible Yes No

Attendance (general) _____ Newcomers (average) _____

Name: _____

Address: _____

Zip Code: _____ Phone: _____

Email: _____

Literature Order: _____

Donation to HASC: _____

Group Announcements: _____

Respectfully Submitted: