

Laurel Mt Highlands Area of Narcotics Anonymous
Group Report Form (06/10/2012)

Date: _____ / _____ / _____

Person filling out form: _____ GSR/Alt GSR/Other (circle one)

Group Name: _____

Meeting Day/Time: _____

Meeting Location: _____

Address: _____

Format: _____

Group Conscience held: _____

GROUP ANNOUNCEMENTS / CONCERNS / TRADITION VIOLATIONS / PROBLEMS:

GROUP DONATION TO AREA: \$_____ . _____

(give top half of this group report form to Area Secretary)

-----GSR Tear off-----GSR Tear off-----GSR Tear off-----

Group Fill out and Give To Area Treasurer

Date _____

Area Donation _____

Other Donation _____

Group Name _____

Total Donation _____

----- Tear off ----- Tear off ----- Tear off ----- Tear off ----- Tear off -----

To Be Filled Out By Group and Signed by Area Treasurer - Receipt To Group

Date _____

Area Donation _____

Group Name _____

Other Donation _____

Area Treasurer's Signature _____

Total Donation _____