

Laurel Mt Highlands Area of Narcotics Anonymous
Group Report Form (08/12/2001)

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 Area Treasurer - Receipt To Group

Date _____ Area Donation _____

Group Name _____ Other Donation _____

Area Treasurer's First Name _____ Total Donation _____