

GSR REPORT FORM
EASTERN AREA SERVICE COMMITTEE
P.O. Box 845
Tulsa, OK 74101
<http://www.eascna.org>

Group Name: _____

Date: ___ / ___ / _____ (MM/DD/YYYY)

Meeting

Newcomers: # _____ Average Attendance: # _____

Are there any problems EASC can help your Group with?

Are there any positive experiences your Group would like to share with EASC?

Birthdays, Special Events, or other comments:

Is the Group following NA Traditions? Yes No

Group meets financial obligations according to NA Traditions? Yes No

Group Conscience (Day&Time): M T W T F S S __: __ AM PM

Birthday Meeting (Day&Time): _____ __: __ AM PM

Change of Location or Times:

Meeting Times:

Mo: __: __ Tu: __: __ We: __: __ Th: __: __ Fr: __: __ Sa: __: __ Su: __: __

Address: _____ (_____)

City/State/Zip: _____

GSR: _____

Phone: _____

Email Address: _____

GSR Alt: _____

Phone: _____

Email Address: _____