

District 14 Area 86

GSR REPORT District 14 Area 86

Date: _____

Group Name _____

GSR Name _____

Meeting Location _____ Meeting Time _____

Meeting Format _____

Number of Group Members _____ Average Meeting Attendance _____

Group Consciences (how often, issues being discussed, decisions made) _____

Group Contributions (how often, which entities (GSO, WOGS or DISTRICT) contributed to, percentages): _____

Service Potions filled within your Group: _____

Upcoming Events: _____

Questions or Concerns for the District: _____

Other Information: _____

Please print neatly so it is easy for the secretary to read. Hand to the secretary before leaving.