

BUCKS COUNTY ASC GSR REPORT FORM

Group Name: _____ Date: _____

Address: _____ City: _____

Group Meets: M T W Th Fr Sa Su _____ Time(s): _____

Average Attendance: _____ Newcomers: _____ Attendance: Good / Fair / Poor

Literature Needs: \$ _____ Area Donation: \$ _____ Envelope Total: \$ _____

GSR: _____ Phone: _____ E-mail: _____

Alt. GSR / Rep.: _____ Phone: _____ E-mail: _____

MOTIONS / SUBJECTS FOR AREA FLOOR DISCUSSION

Must be presented to the JAC @ 12:45pm before the ASC meeting.

GROUP ANNOUNCEMENTS FOR THE AREA FLOOR

DELIVER ASC MEETING MINUTES TO:

Please circle delivery method: e-mail / mail and fill out below completely.

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____