

**CENTRAL SIERRA SOUTH NARCOTICS ANONYMOUS  
ASC SUB COMMITTEE REPORT FORM**

**Subcommittee:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Chairperson:** \_\_\_\_\_

**Vice Chairperson:** \_\_\_\_\_

**Secretary:** \_\_\_\_\_

**Monthly Update:**

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**Financial Report:**

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**Upcoming Events:**

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**Next Scheduled Meeting: Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Place:** \_\_\_\_\_