

CENTRAL SIERRA SOUTH NARCOTICS ANONYMOUS
AREA SERVICE COMMITTEE GUIDELINES

GROUP REPORT FORM

Group Name: _____ Date: _____

GSR Name: _____ Phone Number: _____

Strengths:

Weaknesses:

Other Noteworthy News:

New Trusted Servants: _____

Average Attendance Per Meeting: _____

MONTHLY FINANCIAL SUMMARY

7th Tradition: _____ ASC Donation: _____

Expenses: _____ Literature: _____ Prudent Reserve: _____