

# S.E.F.A GROUP SERVICE REPORT

DATE: \_\_\_\_\_

GROUP NAME: \_\_\_\_\_

DAY & TIME OF MEETING: \_\_\_\_\_

GSR: \_\_\_\_\_ GSRA: \_\_\_\_\_

SECRETARY: \_\_\_\_\_ TREASURER: \_\_\_\_\_

CHAIRPERSON: \_\_\_\_\_

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ADDICTS PER WEEK: \_\_\_\_\_ NEWCOMERS PER WEEK: \_\_\_\_\_

EXPENSES: \_\_\_\_\_ 7<sup>th</sup> TRADITION: \_\_\_\_\_

RENT: \_\_\_\_\_

LITERATURE: \_\_\_\_\_

AREA DONATION: \_\_\_\_\_

GROUP REPORT: \_\_\_\_\_

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PROBLEMS & CONCERNS: \_\_\_\_\_

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