

# GROUP REPORT FORM

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



**EAST END AREA  
of  
NARCOTICS  
ANONYMOUS  
(EEANA)**

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

GROUP ADDRESS: \_\_\_\_\_

GSR or GROUP REPRESENTATIVE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ALT. GSR or GROUP REPRESENTATIVE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## **GROUP**

**ANNOUNCEMENTS:** \_\_\_\_\_

**GROUP CONCERNS:** Including, but not limited to lack of attendance, lack of homegroup members, lack of trusted servants, financial distress, tradition violations, etc.

## **GROUP NOMINATIONS:**

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

POSITION: \_\_\_\_\_

**TYPE OF MEETING:** Circle all that apply

OPEN      CLOSED      DISCUSSION      SPEAKER      LITERATURE      OTHER (please explain)

**DAY OF MEETING:** Circle all that apply

**TIME OF MEETING:** \_\_\_\_\_

SUNDAY      MONDAY      TUESDAY      WEDNESDAY      THURSDAY      FRIDAY      SATURDAY

**TEAR ALONG LINE. GIVE LOWER PORTION TO TREASURER AND UPPER PORTION TO SECRETARY.**

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

\$ \_\_\_\_\_ EEANA DONATION, \$ \_\_\_\_\_ TRI-STATE REGIONAL DONATION, \$ \_\_\_\_\_ NA WORLD SERVICE DONATION