GROUP REPORT FORM

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

SUNDAY      MONDAY      TUESDAY      WEDNESDAY      THURSDAY      FRIDAY      SATURDAY

TIME OF MEETING: __________________________

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

GROUP NAME: ____________________________________________________________ DATE: _______________________

$_____________ EEANA DONATION