

GREATER CHARLOTTE AREA OF NARCOTICS ANONYMOUS

G.S.R. REPORT FORM

NAME OF GROUP _____ **NUMBER OF MEMBERS** _____ **DATE** _____

GSR _____ **AVERAGE ATTENDANCE** _____ **PHONE** _____

TREASURER'S REPORT

AREA DONATION _____ **EXPENSES** _____ **INCOME** _____ **BALANCE** _____

INFORMATION ON GROUP

SCHEDULE CHANGES

SIGNED _____

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