MASC GROUP SERVICE REPRESENTATIVE REPORTS

Name of Group:	Donation Amount:	
Number of Members:	Average Attendance:	
Number of Newcomers:		
Are there any changes in the meeting(s) of which you wo	uld like to notify the ASC?	
How are the meetings going? Are there any problems that need to be discussed with the ASC? How could the ASC or any subcommittee help your group?		
Upcoming Birthdays:		
GROUP INFORMATION		
Meeting Place:	Time/Day: Type of meeting:	
TRUSTED SERVENTS		
GSR Name: Address: City, ZIP: Phone:	Secretary Name: Phone: Treasurer Name: Phone:	
Email: GSRA Name: Phone:	Alt. emails:	
Number of Meeting Schedules your group would like per month:		
How would you like to get minutes? Website, Email, or U	J S Mail Signed: Position	