



**MONTGOMERY AREA SERVICE COMMITTEE
GROUP SERVICE REPRESENTATIVE (GSR) REPORT FORM**



All donations & motions must be submitted by 8pm

GROUP NAME: _____

GSR'S NAME: _____

NEW GROUP OR NEW GSR? If so, please complete this section

GROUP INFORMATION

Group Name: _____

Meeting Day: _____ Meeting Time: _____

Meeting Location: _____

GSR INFORMATION

GSR Name: _____ Phone No. _____

Address: _____ E-mail _____

GROUP ANNOUNCEMENTS _____

GROUP ANNIVERSARIES _____

GROUP CONCERNS OR PROBLEMS _____

DONATION TO AREA \$ _____ . _____ **Group Treasurer's Initials:** _____

MASC Treasurer's Initials: _____

SIGNED _____ **DATE** _____