

AREA GSR REPORT FOR _____, 2____

GROUP NAME _____ **ADDRESS, CITY, ZIP** _____ **PHONE** _____

AREA CONTRIBUTIONS: _____ **PROBLEMS:** _____

UPCOMING FUNCTIONS: _____

MEETINGS: SMOKING? YES NO WHEELCHAIR ACCESSIBLE? YES NO BOUNDARY FREE? YES NO

-----MEETING SCHEDULE-----

DAY	TIME	OPEN/CLOSED	TYPE	AVG ATTENDANCE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

GROUP EXECUTIVE COMMITTEE

CHAIR: _____ **PHONE:** _____
VICE CHAIR: _____ **PHONE:** _____
SECRETARY: _____ **PHONE:** _____
TREASURER: _____ **PHONE:** _____

SUB-COMMITTEE REPS

H&I: _____ **PHONE:** _____
PI: _____ **PHONE:** _____
ACTIVITES: _____ **PHONE:** _____
LIT: _____ **PHONE:** _____
POLICY: _____ **PHONE:** _____

GSR	ALTERNATE GSR:
NAEME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY, ZIP: _____	CITY, ZIP: _____
PHONE: _____	PHONE: _____
COMMENTS: _____	COMMENTS: _____
EMAIL: _____	EMAIL: _____