

**CENTRAL TEXAS AREA OF NARCOTICS ANONYMOUS
GROUP REPORT FORM**

DATE:

GROUP NAME:

MEETING DAY:

MEETING TIME:

LOCATION OF MEETING:

Is the above meeting day, time, or location different from what is published in the CTANA meeting schedule?

If yes, which things have changed, and when did the change occur?

GSR NAME AND CONTACT INFORMATION:

NAME:

PHONE:

EMAIL:

AGSR NAME AND CONTACT INFORMATION:

NAME:

PHONE:

EMAIL:

Has any GSR or AGSR information changed since the last Service Committee meeting?

If yes, which information?

When is your next election of trusted servants?

Your group Area donation for this month:

Your group literature purchase for this month:

Is this group following Traditions?

Is this group meeting financial obligations?

Announcements:

Do you have any ideas for future Area discussions or any criticisms of Area that need to be addressed?

Submitted By:

Position: