

CTANA 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 on the CTANA website and meeting schedule? If so please contact the CTANA WEBMASTER via email at webmaster@ctana.org

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?
Y or N

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? (circle one) YES / NO

Is this group meeting financial obligations? (circle one) YES / NO

Announcements:

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