

**Space Coast Area of N.A.
G.S.R. Report**

Group: _____

Address: _____

Meeting Days/Time/Format:

Mon: _____ **Fri:** _____

Tue: _____ **Sat:** _____

Wed: _____ **Sun:** _____

Thur: _____ **Bus. Meeting:** _____

Birthdays: _____

Motions:	#	Summary	Y	N	A
_____	_____	_____	—	—	—
_____	_____	_____	—	—	—
_____	_____	_____	—	—	—
_____	_____	_____	—	—	—

Other Group Business:(i.e. experiences that would benefit others, group conscience, problems, resolutions or concerns; including ones to be brought to A.S.C. for experience, strength, and hope. Results of matters voted on at the group level.)

Donation to A.S.C. _____

Submitted By: _____ **Date:** _____