Group Report Form

Date of Area: _____ GSR's Full Name: _____

Group Name: _____

City: _____ Day of Meeting: _____ Time:_____

Average Attendance: _____ Literature Order: _____ Donation: _____

Support at meetings: ☐ Excellent ☐Good ☐Fair ☐Poor ☐Suffering ☐None

Comments: (Please include meeting address, trusted servants, and any changes).

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