Date:		Group Nan	ne:	
No. of Home group members:				
Date/Time Group conscience meets:				
Number of meetings dropped since last month:				
Number of meetings add				
New activities or events planned since last month (Describe):				
Group problems or ways District 10 can help your group:				
GSR (Name):		Phone Number(s):		
Address:				
City:			Zip Code:	
Does your group receive the Area Newsletter via the GSR?				
Does your group receive				
Report submitted by:				