



SOFA

Service Committee

South of Fraser Area of **Narcotics Anonymous**

Group Service Representative Report Form

Group Name:		Reporting Month:
GSR Name:	Number:	Email:
Alt GSR:	Number:	Email:
Group Report: _____ _____ _____ _____ _____ _____		
Average Weekly Attendance:		Area Contribution:
Upcoming Group Events: _____ _____		
Cakes: Name	Clean Time:	Cake Date:
Does your group need support? <input type="checkbox"/> Members <input type="checkbox"/> Trusted Servants <input type="checkbox"/> Clean time <input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> Financial		