GROUP REPORT FORM

GROUP NAME: _____ **MEETING DAY / TIME:**_____
LOCATION:_____
GSR: _____ NYCASC DONATION: $ _____
GROUP REPORT: _____
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SUBMITTED BY: _____ **DATE:** _____

Notes:

- When filling out your Group Report, please include pertinent information, only.
- Please print clearly.
- Your group's participation in the New York City Area Service Committee is appreciated.