

## GSR Monthly Report

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

SERVICE ACTIVITIES/GROUP REPORT SINCE LAST MEETING?

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SERVICE ACTIVITIES/GROUP PLANS FOR NEXT BUSINESS MEETING?

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ANY NEW BUSINESS/PROBLEMS OR SOLUTIONS YOU WOULD LIKE TO SHARE?

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WHAT IS YOUR GROUP DOING TO REACH OUT TO THE STILL SUFFERING ALCOHOLIC?

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