

**West Puget Sound Area Service Committee  
Group Reports**

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

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

Group GSR: \_\_\_\_\_ Group Chair/Secretary: \_\_\_\_\_

GSR Alt: \_\_\_\_\_ Treasurer: \_\_\_\_\_

<b>Short Report On Status Of Group ---Needs/Problems/Solutions</b>
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Read Report above Line Only

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**Type of Meeting/Circle those that apply:**

Open          Closed          Non-Smoking          Smoking Break          Handicap Accessible

Open Discussion          Step Study          Tradition Study          Young Persons          Men's          Women's

Gay/Lesbian          Topic Discussion          Candle Light          Other: \_\_\_\_\_

**Meeting Address:**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

Day(s) & Time of Meeting \_\_\_\_\_

Day(s) & Time of Meeting \_\_\_\_\_

Day(s) & Time of Meeting \_\_\_\_\_