



Group Service Representative (GSR) Report Form

Group Name: _____

Report Date: _____ (MM/DD/YYYY)

EASC
7107 S. Yale Ave.
PMB #114
Tulsa, OK 74136-6308
www.eascna.org

Meeting Information

Avg Newcomers: # _____ Average Attendance: # _____

Meeting Location: _____

Meeting Times: _____

Has there been a change to meeting location/times? Yes No

Are there any problems EASC can help your Group with? Are there any positive experiences your Group would like to share with EASC?

Birthdays, Special Events, or other comments:

Is the Group following NA Traditions? Yes No

Is the Group meeting financial obligations according to NA Traditions? Yes No

When does Group Conscience meet? _____

When is birthday meeting? _____

GSR

Name: _____

Phone: _____

Email Address: _____

GSR Alternate

Name: _____

Phone: _____

Email Address: _____