

# P.A.S.C. GSR REPORT

GROUP NAME \_\_\_\_\_ DATE \_\_\_\_\_  
GROUP ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## WEEKLY MEETINGS: TIMES, LOCATION, TYPE

SUNDAY \_\_\_\_\_  
MONDAY \_\_\_\_\_  
TUESDAY \_\_\_\_\_  
WEDNESDAY \_\_\_\_\_  
THURSDAY \_\_\_\_\_  
FRIDAY \_\_\_\_\_  
SATURDAY \_\_\_\_\_

TREASURER'S REPORT \_\_\_\_\_

H & I REPORT \_\_\_\_\_

P.I. REPORT \_\_\_\_\_

GROUP DECISIONS FOR AREA \_\_\_\_\_

NEW TRUSTED SERVANTS (NAME, ADDRESS, PHONE, E-MAIL)

PROBLEMS & SOLUTIONS \_\_\_\_\_

BIRTHDAYS & ALL GOOD THINGS \_\_\_\_\_

1-800-# CONTACT PERSON \_\_\_\_\_ # \_\_\_\_\_

BACK-UP CONTACT \_\_\_\_\_ # \_\_\_\_\_

GSR PRINT NAME & PHONE # \_\_\_\_\_ # \_\_\_\_\_

GSR SIGNATURE \_\_\_\_\_