

Borderline Area  
Narcotics Anonymous

Group Service Representative Report

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

Homegroup: \_\_\_\_\_

GSR: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Donation: \_\_\_\_\_

Number of Members: \_\_\_\_\_

Group Report: \_\_\_\_\_

---

---

---

---

---

---

---

---

Concerns or Suggestions: \_\_\_\_\_

---

---

---

---

---

Schedule Changes: \_\_\_\_\_

---

---

---