ALCOHOLICS ANONYMOUS – DISTRICT 10 MONTHLY G.S.R. REPORT

Group Name: _____

Group Meeting Location:_____

Group Email: _____

Group Monthly Business Meeting: _____

GENERAL SERVICE REPRESENTATIVE(G.S.R.) Name:_____

ALTERNATE G.S.R. Name: _____

MEETING TIMES, & FORMATS: *Only report changes that are not on current district schedule. otherwise, please out NA.

Monday_____

Tuesday_____

Wednesday_____

Thursday_____

Friday_____

Saturday_____

Sunday_____

Group Events: *Please send any flyers to dist10secretary@area72aa.org

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_____***If you have any items, discussion, or motions to bring forward to the next business meeting, please turn them in to out DCM @ DCM10@area72aa.org Please turn them in ONE WEEK BEFORE THE MEETING.***

Please complete the digisigner form, or email a completed PDF or Word version it to: dist10secretary@area72aa.org by the last Saturday of each month.

Form V.2.2023

This form is due one week before each monthly district business meeting

ALCOHOLICS ANONYMOUS – DISTRICT 10 MONTHLY SERVICE REPORT

District Service Role: _____

Email: _____

Monthly Committee Meeting: _____

Service Position Update and Upcoming Events:
***Please send any flyers to** dist10secretary@area72aa.org

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Do you have all the materials you need to provide your service in this position? ☐ **Yes** ☐ **No**

Do you need to submit any receipts to the District Treasury? ☐ **Yes** ☐ **No**

Have you been reimbursed for any prior submitted expenses? ☐ **Yes** ☐ **No**

Do you have motions or discussions to add to the next business meeting? If yes, please send them in as soon as possible via email. **Due to our DCM ONE WEEK BFEORE THE BUSINESS MEETING.
DCM10@area72aa.org

Please complete the digisigner version, or send a completed PDF or Word version of this report to: dist10secretary@area72aa.org Due the last Saturday of each month. Form 2.2023