



Narcotics Anonymous,
Eastern Long Island Area

Group Service Representative Report

Date: _____

Group Name: _____

Meeting Time & Day _____

Location: _____

GSR _____ Alt GSR _____

Phone# _____ Phone# _____

E-Mail _____ E-Mail _____

Contact Mailing Address _____

Rent Paid \$ _____ Literature Order \$ _____

Contributions: Area \$ _____ Region \$ _____ World \$ _____

Open Commitments? _____

Group Info _____

Events and Announcements _____

Anniversaries

Name	Date	Yrs	Name	Date	Yrs
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____