S.W.A.N.A.
Group or Subcommittee Report Form

Date: _____ Name of Group _____

Day, time & location address of meeting: _____

_____

Name of GSR or Chair: _____ Phone: _____

Address:_____

Name of Alternate GSR or Trusted Servant: _____ Phone: _____

Donation to Area: _____ Avg. Mtg.: _____ Avg. Newcomer: _____

REPORT

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