



CBANA Group Report Form



Date: _____ **Group name:** _____

Average Meeting Attendance: _____ **Date of Last Group Conscience:** _____

Avg. Number of Newcomers Welcomed each week: _____

Members Celebrating Clean Birthdays: _____

Changes in Group Meeting Schedule: Yes or No (if Yes – Complete Below)

Day(s) of Week and Time(s):

Sun: _____ **Mon:** _____ **Tue:** _____ **Wed:** _____ **Thurs.:** _____ **Fri:** _____ **Sat:** _____

Address: _____

Group Issues the ASC may help with:

How may the ASC assist your group to provide for the newcomer?

Name of GSR: _____ **Contact #** _____ **Email:** _____

Name of GSRa: _____ **Contact #** _____ **Email:** _____