

Coastal Bend Area of Narcotics Anonymous (CBANA)  
Subcommittee Report Form

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

Subcommittee name/attendance: \_\_\_\_\_

Meeting place/date/time: \_\_\_\_\_

Comments/concerns/questions: \_\_\_\_\_

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Accomplishments/goals: \_\_\_\_\_

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Itemized monthly expenses (attach separate page if necessary): \_\_\_\_\_

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Motions for ASC: \_\_\_\_\_

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Chairperson & co-chair: \_\_\_\_\_

Secretary: \_\_\_\_\_

Submitted by: \_\_\_\_\_