

# Southern Fairfield County Area Service Committee



## Group Report

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

Group Name: \_\_\_\_\_

Meeting Place: \_\_\_\_\_

Meeting Format: \_\_\_\_\_

Meeting Day/s & Time: \_\_\_\_\_

Average Attendance: \_\_\_\_\_ Average # of Newcomers: \_\_\_\_\_

Group Concerns:

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Group Announcements:

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Group Donation: \$ \_\_\_\_\_

Group Service Representative: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone #: \_\_\_\_\_