



# TTCANA SERVICE COMMITTEE GROUP REPORT FORM

GROUP NAME: \_\_\_\_\_

GROUP ADDRESS: \_\_\_\_\_

DAY & TIME OF BUSINESS MEETING: \_\_\_\_\_

PERSON REPORTING: \_\_\_\_\_ DATE OF REPORT: \_\_\_\_\_

GSR: \_\_\_\_\_ ALT GSR: \_\_\_\_\_

CONTACT INFO FOR MINUTES DISTRIBUTION (HOME ADDRESS/GROUP/EMAIL/PHONE #)  
\_\_\_\_\_  
\_\_\_\_\_

ESTIMATED SIZE OF GROUP: \_\_\_\_\_ CONTRIBUTION TO ASC: \_\_\_\_\_

TRADITIONS BEING FOLLOWED: \_\_\_\_\_ OBLIGATIONS BEING MET: \_\_\_\_\_

ANNOUNCEMENTS (EVENTS, BIRTHDAYS ETC.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS / CONCERNS / REQUESTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_