



# Granite State Area of Narcotics Anonymous **Report Form**

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

Group or Sub-Committee name: \_\_\_\_\_

GSR or Chairperson: \_\_\_\_\_ Alt GSR / Vice Chair \_\_\_\_\_

Report written by: \_\_\_\_\_ Position: \_\_\_\_\_

Meeting Date and Time: \_\_\_\_\_ Location: \_\_\_\_\_

Group / Committee Update: \_\_\_\_\_

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Problems / Concerns: \_\_\_\_\_

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