

**Saginaw Bay Area Service Committee of Narcotics Anonymous
Group Service Report to Area**

Date: _____

Group Name: _____

Next Home Group Business Meeting: _____

Correspondence with Area (projects, activities, motion, problems): _____

Motion Votes by Number when Applicable (yes/no): _____

Group Donations: \$ _____

*****Bottom Section is for CHANGES ONLY*****

Location: _____

Meeting Days/Time/Format: _____

GSR Change (name, address, phone): _____

If you cannot attend the area meeting, please mail in or have your group report presented for you.
The address is: **SBASCNA, PO BOX 51, BAY CITY, MI 48707-0051**