**Saginaw Bay Area Service Committee of Narcotics Anonymous**

# Subcommittee Report to Area

**Date**:

**Subcommittee Name**:

**Next Committee Meeting** (day, time, address):

**Report**

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**