

# TVASC GSR REPORT FORM

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

DAY AND TIME: \_\_\_\_\_

MEETING LOCATION: \_\_\_\_\_

GSR NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

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

E-MAIL: \_\_\_\_\_

GSRA E-MAIL \_\_\_\_\_

AVERAGE ATTENDANCE: \_\_\_\_\_ NEWCOMERS: \_\_\_\_\_

AREA DONATION: \_\_\_\_\_

LITERATURE ORDER: \_\_\_\_\_

REPORT: \_\_\_\_\_

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