South King County Area
Group Service Representative
Monthly Report Form

Group Name:	**Location**:
Meeting Time:	**Day of the Week**:
Group Service Representative:	**Phone**:
(Alt) **Group Service Representative**:	**Phone**:

Report Information

Average Meeting Attendance:	**Average Number of Newcomers**:

Monthly Income	**7th Tradition**:
	Literature Sales:
	Total Monthly Income:

Monthly Expenses	**Rent**:
	Literature:
	Supplies:
	ASC Donation:
	Total Monthly Expenses:

ENDING BALANCE:

Report Date: / /