

GSR Report CVIASCNA

Group Name: _____

Date: _____

GSR: _____

Type Of Support needed: _____

Alt. GSR: _____

Avg. Attendance: _____

Trusted Servants Positions Open: _____

Report: _____

Upcoming Cakes:	Date	Name	# Years
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Other Events: _____

Literature Order: \$ _____

Area Donation: \$ _____

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