# ILUA GSR/GSRA Report

GSR / GSRA / REP (circle one) Name: _____

Day of week of meeting: Sunday Monday Tuesday Wednesday Thursday Friday Saturday **(circle one)**

Group Name: _____

Time of meeting:_____

Location of meeting:_____

Ave. Attendance: #_____ Support: Suffering / Fair/ Good / Excellent/ Other: _____

Literature Order $ _____ Area Donation $_____

Trusted Servants Needed: Y/N & what?_____

Report: _____

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