

River Cities Area ~ SUBCOMMITTEE REPORT

Date: _____

Service/Subcommittee name: _____

Day and Time of Meetings: _____

Address of Meeting: _____

Service Rep. : _____ Alt. Service Rep. : _____

Phone #: _____ Phone #: _____

Email: _____ Email: _____

General Information:

Group Problems & Solutions:

Activities / Events:

Area Donation: _____ Literature: _____

PLEASE COMPLETE & GIVE TO THE AREA SECRETARY BEFORE LEAVING. THANK YOU! ©