

LEANA Group Report

Group Name: _____

Day & Time of Meeting: _____

Average Attendance for Previous Month: _____

Current Treasury Balance: _____

This Month's Donation to Area: _____

1. Short Summary of Group Activities:

2. Anything the Group Needs:

3. Input to Area:

GSR: _____

Alt. GST: _____

Treasurer: _____

Secretary: _____

