



**Esperanza Area of
Narcotics Anonymous**

GROUP SERVICE REPORT

DATE: _____

GROUP NAME: _____

MEETING DAY: _____

LOCATION.VIRTUAL ID & PASSCODE:

**IS THE ABOVE MEETING DAY, TIME, LOCATION/VIRTUAL INFORMATION
DIFFERENT FROM WHAT IS PUBLISHED ON THE EANA MEETING SCHEDULE &
WEBSITE?** _____

SPECIFY CHANGES TO MEETING INFORMATION IF ANY: _____

EVENTS FOR THE MONTH: _____

COMMENTS OR CONCERNS: _____

GSR/ALTERNATE GSR CONTACT INFORMATION:

NAME: _____

PHONE & EMAIL: _____

NAME: _____

PHONE & EMAIL: _____

GSR/ALTERNATE GSR/REPORTER