

Area 84 Group Histories

Date: _____

Group Name: _____ District #: _____

Town: _____ Date Founded: _____

Is Group Registered with GSO (circle one): Yes / No Group Number: _____

Founders: _____

Meeting Times (Primary Format):

Day(s): _____ Time(s): _____

Location: _____

Notes, if any:

Meeting Times: (Special, Occasional Format): (Big Book/Traditions Study, Speaker Meeting, use back if more space is needed.)

Day(s): _____ Time(s): _____

Location: _____

Notes, if any:

Early Members of Group:

Active Longtimers in Group:

Name Changes of Group (if any):

Changes of Location, Time, Day, etc.:

Group Highlights and Activities (Brief History): Use back or additional pages if more space is needed