

Date: _____

Area 10 Group Histories

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

