



Unity Area of Narcotics Anonymous



Subcommittee Report Form

Date: _____

- Activities and Fundraisers
- Hospitals and Institutions
- Public Relations

Subcommittee Chairperson: _____

Subcommittee Chairperson's Phone Number: _____

Subcommittee Co-Chairperson: _____

Subcommittee Co-Chairperson's Phone Number: _____

Monthly Subcommittee Meetings Held

When? _____

Where? _____

Report to GSRs

Upcoming Orientations or Training:

Type: _____

Date: _____

Time: _____

What's happening?

