	Date:	
Area 10 Group His	<u>stories</u>	
Group Name:	District #:	
Town:		
Is Group Registered with GSO (circle one) Yes No	Group Number:	
Founders:		
Meeting Times (Primary Format):		
Day(s):	Times:	
Location:		
Notes, if any:		
Meeting Times: (Special, Occasional Format): Big Book/Traditions Study, Speaker Meeting, use back if Day(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	