

Gold Coast Area Proposal Form

GSR or GSRA Name: _____ Date: _____

Group Information:

Name _____

Time: _____ Day: S M T W T F S

Contact info (optional) _____

Proposal: (Briefly describe your idea, like if in an elevator and only had 30 seconds)

This space for Area Service Administrator's Notes Only:

Amendments to proposal _____

Approved Tabled Denied

If tabled or denied, why? _____
