**Hawaii Area 17**

Alcoholics Anonymous General Service

# Standing Committee Report

Date:

Standing Committee:

Person reporting and position: (First Name, Last Initial)

Suggestions: Start with how your committee is carrying the message through such things as workshops, events attended, committee goals carried out, etc. Your report will be limited to 2 minutes. Please provide a copy via email or hard copy to our area secretary.

**What the \_\_\_\_\_\_\_\_\_\_\_ Standing Committee did to carry the message of Alcoholics Anonymous:**

**Other Topics:**