Group history Form

Pre	pared By:
	Date:
District #:	
Group #:	
Name of Group:	
Previous Name:	
Date, Place, & Time Of First Meeting:	
Founder/Founders:	
Early Members:	
Do the early members continue to attend?	

Location of first Meeting:
Place (Church, Home, etc.):
Present Membership #:
Did the Group Move?
Location:
Date From: Date To:
Present Meeting Days & Times:
Please write a narrative (story form) of the history of your group.
Add as many additional pages as necessary.