

SUBCOMMITTEE REPORT FORM

DATE _____

SUBCOMMITTEE NAME _____

POSITION	NAME	PHONE NUMBER	PRESENT/ABSENT
CHAIR			
VICE CHAIR			
SECRETARY			
TREASURER			

UPCOMING AREA FUNCTIONS				
EVENT NAME	DATE	TIME	LOCATION	\$ RAISED

OLD BUSINESS

NEW BUSINESS

PERSONS ATTENDING MEETING

ARE YOU IN NEED OF ANY COMMITTEE MEMBERS YES _____ NO _____