

REGION III _____ COMMITTEE REPORT FORM

Assembly Location: _____ Date: _____

(Please turn in this completed form to the Region Secretary before end of Assembly)

Chair: _____ Ph: _____ Email: _____

Secretary: _____ Ph: _____ Email: _____

PROPOSED BUDGET REQUEST (Due Fall Assembly Only): _____

	COMMITTEE MEMBER NAME	PHONE	EMAIL
1			
2			
3			
4			
5			
6			

ACCOMPLISHMENTS SINCE LAST ASSEMBLY:

REGION III COMMITTEE REPORT FORM

Date: _____ Page 2

	GOALS	ACTIONS	TIME FRAMES	RESPONSIBLE PARTIES	COMPLETION STATUS
1					
2					
3					
4					
5					

COMMUNICATION FOLLOW-UP METHOD	RESPONSIBLE PARTY	DATES

AGENDA ITEMS FOR NEXT COMMITTEE ASSEMBLY:

1. _____
2. _____
3. _____

PLEASE SUBMIT ORIGINAL TO THE RECORDING SECRETARY-1 COPY WILL BE MADE FOR CHAIR