SUBCOMMITTEE REPORT TO ASC

DATE: _____

SUBCOMMITTEE NAME/ATTENDANCE: _____

MEETING PLACE: _____

DAY/TIME: _____

COMMENTS, PROBLEMS, QUESTIONS: _____

ACCOMPLISHMENTS, GOALS, ACTIVITIES: _____

ITEMIZED MONTHLY EXPENSES (ATTACH SEPARATE SHEET IF NECESSARY)

MOTIONS FOR ASC

CHAIRPERSON AND VICE CHAIR _____

SECRETARY _____

SUBMITTED BY _____