

Beehive Area Sub-Committee Report Form

Date: _____

Sub-committee Name: _____

Sub-committee Chairperson: _____

Sub-committee Vice Chairperson: _____

Sub-Committee Participation: Good Fair Poor

Sub-committee Report:

(If more space is needed, use the other side of page)

Problems:

(If more space is needed, use the other side of page)

For Area Secretary Use only:

SUB-COMMITTEE CONTACT INFORMATION:
(Minutes will be sent to this contact. DO NOT LEAVE BLANK)

Name: _____

Send Minutes via Email: _____

or Mail to:

Street: _____ Apt# _____ City: _____ Zip Code: _____

Phone (optional): _____