Beehive Area Sub-Committee Report Form

Date:		
Sub-Commi	ttee Name:	
Sub-Commi	ttee Chairperson:	
Sub-Commi	ttee Vice Chairperson:	
Sub-Comm	nittee Participation: Good □ Fair □ Poor □	
Sub-Comm	nittee Report:	
(If more space	e is needed, use the other side of page)	
(II more space	, as needed, use the other side of puge)	
Problems:		
(If more space	e is needed, use the other side of page)	
(If more space	As needed, use the other sade of page)	
	SUB-COMMITTEE CONTACT INFORMATION FOR AREA SECRETARY US (Minutes will be sent to this contact. DO NOT LEAVE BLANK)	E
Name:		
Email:		
	(if no Email is specified, the Minutes will be sent to the Sub-Committee's BeeMail address @ nabeehive.	org)
(optional) Street:	Apt# City: Zip Co	ode:
Phone:		