WTASC SUBCOMMITTEE REPORT FORM

DATE:_____**SUBCOMMITTEE**:_____

CHAIR/OTHER (include title if not chair):_____

NEW CONTACT INFORMATION? ___ Yes (continue on) ___ No (skip to Report)

SEND MINUTES TO: EMAIL REGULAR MAIL (circle one)

NEW EMAIL:_____

NEW MAILING ADDRESS:_____

_____

REPORT:_____

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DATE: **NEXT SUBCOMMITTEE MEETING OR SPECIAL EVENT:**

LITERATURE ORDER:_____**DONATION TO WTASC**:_____**TOTAL**:_____