WTASC MOTION FORM

DATE: _____

MAKER: _____

SECONDED BY: _____

MOTION: _____
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INTENT: _____
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POLICY CHANGE: YES NO   2 PROS: YES   NO   2 CONS: YES NO

TABLED: YES   NO   OUT OF ORDER: YES NO

AMENDED: YES   NO   WITHDRAWN: YES   NO

SENT BACK TO GROUPS: YES   NO