

DUE WITH OPENING REPORT

SCHOOL BOARD

School _____ DAY/TIME OF MTG _____

School Fax # _____ Phone _____

Website _____ Email _____

CHAIRPERSON

Name: _____

Address: _____

Home _____ Cell _____

Email _____ Bus. _____

Fax _____

VICE CHAIR

Name: _____

Address: _____

Home _____ Cell _____

Email _____ Bus. _____

Fax _____

TREASURER

Name: _____

Address: _____

Home _____ Cell _____

Email _____ Bus. _____

Fax _____

