VSTA/VSB Representational Committee Report Form

Committee: _____ VSTA Rep(s): _____

Meeting Date: _____ _____

Subject/Issue: _____

Board position: _____

_____

_____

VSTA position (if different): _____

_____

_____

Information only: YES / NO Action required: YES / NO

If yes, action(s) / motion(s) required: _____

_____

_____

Subject/Issue: _____

Board position: _____

_____

_____

VSTA position (if different): _____

_____

_____

Information only: YES / NO Action required: YES / NO

If yes, action(s) / motion(s) required: _____

_____

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