BAHS PTSA
COMMITTEE PLAN OF WORK
SCHOOL YEAR_____
DATE APPROVED BY EXECUTIVE BOARD _____

COMMITTEE NAME _____
CHAIRPERSON(S) _____
MEMBERS _____

DATE OF EVENT or TIME FRAME _____
GOAL OF YOUR COMMITTEE
_____
_____

ESTIMATED EXPENSES_____
ESTIMATED INCOME _____

PLAN OF WORK (please include timeline, contract info, facilities needed, materials, set up, communication methods, contact information, volunteers needed, etc.)
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