River Cities Public Relations ~
SUBCOMMITTEE REPORT

Date: _____

Service/Subcommittee name: _____

Day and Time of Meetings: _____

Address of Meeting: _____

Coordinator: _____ Alternate/Secretary:_____

Phone #: _____ Phone #:_____

Email: _____ Email: _____

General Information:

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Group Problems & Solutions:

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PLEASE COMPLETE & GIVE TO THE AREA SECRETARY BEFORE LEAVING. THANK YOU! ☺