Charter Activity Plan ACSA Region 8

Year: Charter:		President:	
 Charter Activi	<u>ties:</u>		
<u>Activity</u>	Date/Time/Location	Budget	Contact Person/Phone
Please specify wh	ard Members Requested: nom you would like to present an and/or be in attendance at you		egion 8 Executive Board can be of
<u>Comments:</u> Please share your	ideas about how the Executive	Board might bette	r serve your Charter.

Please submit to **Shari Roth (408-778-0360)** or **Pat Einfalt (650-493-6105)**. Charter rebates <u>cannot</u> be issued without a completed activity plan.