Charter Activity Plan
ACSA Region 8

Year: _____

Charter: _____ President: _____

President-Elect: _____

Charter Goals:

_____

_____

_____

Charter Activities:

Activity	Date/Time/Location	Budget	Contact Person/Phone

Guests and Board Members Requested:

Please specify whom you would like to present and how the ACSA Region 8 Executive Board can be of assistance to you and/or be in attendance at your activity.

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Comments:

Please share your ideas about how the Executive Board might better serve your Charter.

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