



Federation of Block Units of Metropolitan St. Louis

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Working Together to Make a Difference in Our Community Since 1932

Committee Report Form

Name of Committee _____

Which Committee: Board or Area Council ____

Date of Report _____

Date of Next Meeting: _____

Names of Members Present:

1	6	10
2	7	11
3	8	12
4	9	13
5	10	14

Purpose of Meeting:

Items discussed:

Conclusion or resolutions:

Recommendation to be made to the Federation of Block Units:

1. _____
2. _____
3. _____

Name of Recorder _____

Committee Chair Signature _____