

RESOLUTION FORM

BE IT RESOLVED THAT:

BRIEF:

CLUB ACTION ON RESOLUTION

Club Name: _____ Drafter: _____ Date: _____

Gov't Agency Contacted: _____ Person: _____ Date: _____

_____ Person: _____ Date: _____

Date submitted to Zone Director: _____ Director's Signature: _____

Action by Zone Director: _____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

RECOMMENDATION FORM

BE IT RECOMMENDED THAT:

BRIEF:

CLUB ACTION

Club Name: _____ Drafter: _____ Date: _____

Gov't Agency Contacted: _____ Person: _____ Date: _____

_____ Person: _____ Date: _____

Date submitted to Zone Director: _____ Director's Signature: _____

Action by Zone Director: _____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____