

Committee Form

Organization's Name

Committee Name: _____

Committee Purpose: _____

Committee Head: _____

Responsibilities:

Setup: _____

No. of Licensed Pharmacist Required (1 per 5 students for most clinics and health fairs)

Delegated to: _____

Sub-committee members: _____

Notes

Decorations/Supplies: _____

Delegated to: _____

Sub-committee members: _____

Notes:

Publications: _____

Delegated to: _____

Sub-committee members: _____

Notes:

Food: _____

Delegated to: _____

Sub-committee members: _____

Notes:

Clean-up: _____

Delegated to: _____

Sub-committee members: _____

Notes:

Other: _____

Delegated to: _____

Sub-committee

_____ members: _____

Notes: