

SA Aggie Moms Club
Plan of Work
June 20 ____ - May 20 ____

Officer/Chairperson Name:	Position:
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Responsibilities/Duties:

Goal(s):

Committee Members/Aggie Moms Board:

Evaluation Process:

Events/Goals	Date of Event	Items/Resources	Budget
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Supplies/Resources Needed:

TOTAL BUDGET	
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