

Gayhead PTA
Committee Plan of Work
School Year: _____

Name of Committee: _____

Name(s)
of Chair: _____ Tel/email: _____
_____ Tel/email: _____
_____ Tel/email: _____

Proposed Start Up Date: _____

Proposed Completion Date: _____

*Approved Budget Amount: \$_____

Brief Outline of Program: _____

Authorization: _____ Date: _____
PTA President

_____ Date: _____
Building Principal

*Additional funds through grants, donations, etc.: \$_____

Expected sources: _____

