



Public Schools of the Tarrytowns

Assistant Superintendent for Business 200 N Broadway, Sleepy Hollow NY 10591

Club Meeting Minutes Form

Name of Club: _____

Date: _____ Meeting Start Time: _____ Location : _____

Meeting End Time: _____

Action Items:

1.

2.

3. A motion to: _____

Proposed and approved by: _____

4.

Vote Count

Yes

No

Absent

I certify that the minutes indicated above accurately reflect the Club's action items for this meeting.

Club President or Treasurer Signature: _____

Club Advisor Signature: _____