



## 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