

# TEXAS AREA SERVICE COMMITTEE AD HOC COMMITTEE REFERRAL FORM



DATE \_\_\_\_\_

**REFERENCE TO COMMITTEE:**

TEXAS AREA CONVENTION COMMITTEE GUIDELINES

TEXAS AREA STRUCTURE & BYLAWS

OTHER \_\_\_\_\_

**REFERRED BY:**

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

HOME GROUP \_\_\_\_\_ DELEGATE \_\_\_\_\_

**REFERRAL OR SUMMARY OF REFERRAL:**

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THIS ITEM HAS BEEN REFERRED FROM THE AD HOC COMMITTEE TO THE GENERAL COMMITTEE FOR A VOTE FROM THE BODY. YES / NO

AD HOC COMMITTEE CHAIR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Referral form must be turned into the chair two weeks prior to ad hoc meeting, send to [gregtrahan@yahoo.com](mailto:gregtrahan@yahoo.com))