TEXAS AREA SERVICE COMMITTEE

AD HOC COMMITTEE REFERRAL FORM

DATE _____

REFERENCE TO COMMITTEE:

☐ **TEXAS AREA CONVENTION COMMITTEE GUIDELINES**

☐ **TEXAS AREA STRUCTURE & BYLAWS**

☐ **OTHER _____**

REFFERED BY:

NAME _____ PHONE # _____

HOME GROUP _____ DELEGATE _____

REFFERAL OR SUMMARY OF REFFERAL:

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THIS ITEM HAS BEEN REFFERED 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 tasgcchair@ca-texas.org