

**Thomas P. Hughes School PTO  
School Year: 2017-18**

**Committee Name:**

To be filled out when your committee responsibilities are completed. **Please complete even if you are returning to the same committee next year.** Write N/A for questions that do not pertain. **Please keep a completed copy of this form in the committee folder or email a copy to [hughespto@gmail.com](mailto:hughespto@gmail.com)**  
Thank you for volunteering!

**Committee Chairperson Information:**

<b>Name:</b>	<b>Phone Number:</b>	<b>Email Address:</b>

**List of Volunteers Needed (if any):**

<b>Responsibility:</b>	<b># of Volunteers Needed</b>

<b>Timing</b>	<b>Responsibilities/Activities</b>
Summer	
Fall	
Winter	
Spring	

**Contact Used/Resources:**

<b>Name/Organization</b>	<b>Phone</b>	<b>Email</b>	<b>Addresses/Locations</b>

**Lessons learned and suggestions for future Committee Chairpersons:**