**F5**

**DELEGATE AGENCY CLASSROOM ELECTION SUMMARY FORM**

**DELEGATE AGENCY -** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **NAME OF  CLASSROOM** | **SITE  ADDRESS** | **# CHILD ENROLLED** | **CHAIR PERSON** | | **VICE- CHAIRPERSON** | **SECRETARY/ TREASURER** | | **ALTERNATE(S)** | | **DATE ELECTED** | | **MONITORED BY** |
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| Family Coordinator Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | |  | |
| Director's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  | | | |  |
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|  |  |  | |  | **SUBMIT THIS FORM TO THE GRANTEE BY** October 13, 2017 | | | | | | |  |

Revised August 8 2017