

**KENTUCKY SCHOOL MEDIA ASSOCIATION  
ANNUAL REPORT**

(This form is to be executed in triplicate for the last meeting of the Board of Directors.)

Date \_\_\_\_\_

NAME OF COMMITTEE:

\_\_\_\_\_

Name of Chairperson

\_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Other Committee Members

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMITTEE OBJECTIVES:

DESCRIPTION OF ACTIVITIES:

SUGGESTED CHANGES: