

**KENTUCKY SCHOOL MEDIA ASSOCIATION DISTRICT PRESIDENT'S
REPORT**

(This report is to be executed in triplicate for each Board of Directors' Meeting.)

DISTRICT: _____ DATE: _____

Name of President _____

Address _____

_____ Zip _____

Telephone (____) _____

OFFICERS: _____

REPORT:

RECOMMENDATION:

REQUIRING BOARD ACTION (POSSIBLE MOTION):