


Name of Local Chaplaincy Committee:		
AGENDA		
Date:	Venue:	Time:
Item	Person Responsible	
Welcome & Apologies	Chair	
Minutes of last meeting	Secretary	
Business Arising	Chair	
Chaplaincy Report(s)	Chaplain(s)	
Correspondence In & Out	Secretary	
Treasurer's Report	Treasurer	
Event Planning	Coordinator	
General Business	Chair	
Next Meeting / /2017	Chair	
Close	Chair	