

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