

RESOLUTION SUBMITTAL COVER SHEET



This report is required to be in the State Office on or before February 15.
Send to: Tennessee PTA, 1905 Acklen Avenue, Nashville 37212
www.tnpta.org

ATTACH TO FRONT OF RESOLUTION

Please complete this form and attach to each resolution being submitted to the State Resolutions Chairman for consideration at the Tennessee PTA Convention.

Read the Resolutions Section of the Tennessee PTA President's Handbook for resolutions criteria.

Date _____

Resolution Title _____

Name of submitting PTA/PTSA _____

Name of President/Contact Person _____

Phone (____) _____

Email _____

Address _____ City _____ Zip _____

Council _____ County _____ Region _____