



**CALIFORNIA TEACHERS ASSOCIATION
SERVICE CENTER COUNCIL ACTIVITY REPORT**

SCC Form #2

NAME OF SERVICE CENTER COUNCIL: _____

PERIOD COVERED: _____

PREPARED BY: _____

DATE PREPARED: _____

NAME OF EVENT OR ACTIVITY (in chronological order)	DATE and TIME	LOCATION	NUMBER OF PARTICIPANTS	NAME(S) OF CTA STAFF SUPPORTING THE EVENT / ACTIVITY



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