DCTC Advisory Committee Roster						
School Year: 2020 - 2021	**District and Building:**			**CIP Code and Program:**		
Committee Position (add / remove lines as needed)	**Name**	**Company Name and Address**	**Position**	**Email**	**Phone**	**Signature for sign in (If needed by CEPD)**
Voting Members						
Chairperson (must be from business and industry)						
Business and Industry						
Business and Industry						
Business and Industry						
Business and Industry						
Business and Industry						
Parent / Guardian						
Post Secondary Representative						
Special Populations Representative						
Non-Voting Members						
Teacher						
Administrator						
Student						
Counselor						
Community						
				Teacher Name:		