



Maryland Student Legislature

Committee Roster

Committee: _____

Room #: _____

Committee Chairman and Delegation: _____

Committee Vice-Chairman and Delegation: _____

Membership: (Fill in if present)

Name (Alphabetize)	<input type="checkbox"/>	Delegation	Chamber (If Applicable)
1. _____	<input type="checkbox"/>	_____	_____
2. _____	<input type="checkbox"/>	_____	_____
3. _____	<input type="checkbox"/>	_____	_____
4. _____	<input type="checkbox"/>	_____	_____
5. _____	<input type="checkbox"/>	_____	_____
6. _____	<input type="checkbox"/>	_____	_____
7. _____	<input type="checkbox"/>	_____	_____
8. _____	<input type="checkbox"/>	_____	_____
9. _____	<input type="checkbox"/>	_____	_____
10. _____	<input type="checkbox"/>	_____	_____
11. _____	<input type="checkbox"/>	_____	_____
12. _____	<input type="checkbox"/>	_____	_____
13. _____	<input type="checkbox"/>	_____	_____
14. _____	<input type="checkbox"/>	_____	_____
15. _____	<input type="checkbox"/>	_____	_____
16. _____	<input type="checkbox"/>	_____	_____
17. _____	<input type="checkbox"/>	_____	_____
18. _____	<input type="checkbox"/>	_____	_____
19. _____	<input type="checkbox"/>	_____	_____
20. _____	<input type="checkbox"/>	_____	_____
21. _____	<input type="checkbox"/>	_____	_____
22. _____	<input type="checkbox"/>	_____	_____
23. _____	<input type="checkbox"/>	_____	_____
24. _____	<input type="checkbox"/>	_____	_____
25. _____	<input type="checkbox"/>	_____	_____