

Saratoga Rotary Makeup Sheet

Committee or Event: _____

Date: _____

Chair's Signature: _____

<input type="checkbox"/>	Alamillo, Alba	<input type="checkbox"/>	Hodgin, Bruce	<input type="checkbox"/>	Rohrbough, Evan	<input type="checkbox"/>
<input type="checkbox"/>	Alkan, Sam	<input type="checkbox"/>	Huntley, Rob	<input type="checkbox"/>	Sabanovich, Steve	<input type="checkbox"/>
<input type="checkbox"/>	Austin, Roger	<input type="checkbox"/>	Iwanaga, Reiko	<input type="checkbox"/>	Salt, Mervyn	<input type="checkbox"/>
<input type="checkbox"/>	Baniani, Moe	<input type="checkbox"/>	Jain, Rajiv	<input type="checkbox"/>	Schmidt, Thomas	<input type="checkbox"/>
<input type="checkbox"/>	Barna, Lillian	<input type="checkbox"/>	Jashapara, Ketan	<input type="checkbox"/>	Seshadri, Sangita	<input type="checkbox"/>
<input type="checkbox"/>	Bechtel, Marie	<input type="checkbox"/>	Kanngiesser, Dirk	<input type="checkbox"/>	Sharma, Shinku	<input type="checkbox"/>
<input type="checkbox"/>	Biester, Sue	<input type="checkbox"/>	Kapur, Jit	<input type="checkbox"/>	Shaw, Helen	<input type="checkbox"/>
<input type="checkbox"/>	Bohn, Bob	<input type="checkbox"/>	Kraule, Ernie	<input type="checkbox"/>	Sloan, Tom	<input type="checkbox"/>
<input type="checkbox"/>	Brandenburg, Gary	<input type="checkbox"/>	LeBlanc, Jim	<input type="checkbox"/>	Sneper, Garry	<input type="checkbox"/>
<input type="checkbox"/>	Burger, Ann Marie	<input type="checkbox"/>	Lindsay, James	<input type="checkbox"/>	Sneper, Michael	<input type="checkbox"/>
<input type="checkbox"/>	Burnett, Carol	<input type="checkbox"/>	Lo, Emily	<input type="checkbox"/>	Swan, Charles	<input type="checkbox"/>
<input type="checkbox"/>	Case, Gordon	<input type="checkbox"/>	Long, Joe	<input type="checkbox"/>	Syed, Shafi	<input type="checkbox"/>
<input type="checkbox"/>	Chang, Cynthia	<input type="checkbox"/>	Mahoney, Bella	<input type="checkbox"/>	Thermond, Cathie	<input type="checkbox"/>
<input type="checkbox"/>	Christopher, Art	<input type="checkbox"/>	Marlatt, Tom	<input type="checkbox"/>	Toy, Wes	<input type="checkbox"/>
<input type="checkbox"/>	Collins, Tom	<input type="checkbox"/>	Marra, Peter	<input type="checkbox"/>	Tseng, Katherine	<input type="checkbox"/>
<input type="checkbox"/>	Comport, Bill	<input type="checkbox"/>	Marriott, Nada	<input type="checkbox"/>	Unadkat, Dhiren	<input type="checkbox"/>
<input type="checkbox"/>	Conrado, Paul	<input type="checkbox"/>	Mauldin, Carol	<input type="checkbox"/>	Vahalia, Archana	<input type="checkbox"/>
<input type="checkbox"/>	Cook, Roy	<input type="checkbox"/>	McGuire, Lucy	<input type="checkbox"/>	Venkatraman, Sujatha	<input type="checkbox"/>
<input type="checkbox"/>	Creamer, Terrie	<input type="checkbox"/>	Misskelley, Sean	<input type="checkbox"/>	Waltonsmith, Rick	<input type="checkbox"/>
<input type="checkbox"/>	Cross, Noel	<input type="checkbox"/>	Mouroux, Brad	<input type="checkbox"/>	White, Marilyn	<input type="checkbox"/>
<input type="checkbox"/>	Cummins, Anne	<input type="checkbox"/>	Nomura, Marsi	<input type="checkbox"/>	Williams, Sheree	<input type="checkbox"/>
<input type="checkbox"/>	Cymbal, Jitka	<input type="checkbox"/>	Page, Chuck	<input type="checkbox"/>	Wolfram, Pat	<input type="checkbox"/>
<input type="checkbox"/>	Delgado, Dave	<input type="checkbox"/>	Palladino, Connie	<input type="checkbox"/>	Wong, Verna	<input type="checkbox"/>
<input type="checkbox"/>	Eshleman, David	<input type="checkbox"/>	Paquier, Renee	<input type="checkbox"/>	Woodard, Carol	<input type="checkbox"/>
<input type="checkbox"/>	Fitzsimmons, Kookie	<input type="checkbox"/>	Patrick, James	<input type="checkbox"/>	Workman, Patti	<input type="checkbox"/>
<input type="checkbox"/>	Geddes, Ian	<input type="checkbox"/>	Perez, Don	<input type="checkbox"/>	Young, Phil	<input type="checkbox"/>
<input type="checkbox"/>	Gemberling, Ron	<input type="checkbox"/>	Perry, Russ	<input type="checkbox"/>	Yuan, Carol	<input type="checkbox"/>
<input type="checkbox"/>	Goetting, Sholeh	<input type="checkbox"/>	Prevot, Sandie	<input type="checkbox"/>	Zambetti, Eugene	<input type="checkbox"/>
<input type="checkbox"/>	Grace, Larry	<input type="checkbox"/>	Price, Jamie	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Guidry, David	<input type="checkbox"/>	Ramaswami, Sesh	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Guldner, Maria	<input type="checkbox"/>	Rice, Debby	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Hanke, Richard	<input type="checkbox"/>	Richard, Carey	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Hansen, Marcia	<input type="checkbox"/>	Robalewski, Elizabeth	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Herndon, Julie	<input type="checkbox"/>	Robinson, Paul	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Hickling, Jack	<input type="checkbox"/>	Rockich, Fabrice	<input type="checkbox"/>		<input type="checkbox"/>