

Group _____

Burton-on-Trent u3a

From: _____

Venue _____

Interest Group
Attendance Register



To: _____

Must Be Completed By All Groups With Venue Cost

	Attendees	M/No or	Date	Date	Date	Date	Date
No	Names	Visitor*					
Coord'tor		F					
2							
3							
4							
5							
6							
Please Add £ Totals In This Row->							
				QUARTER TOTAL SESSION FEES>			

Please return this Quarterly Register along with the Income & Expenditure Form to the Interest Group Coordinator, 61 Dover Road, Burton on Trent. DE13 0TB

Please complete a member's full name and use another sheet for additional members

ALL ATTENDEES MUST PAY EXCEPT COORDINATOR - ONLY 1 PERSON FREE PER SESSION