U3A Christchurch GROUP ATTENDANCE REGISTER

YOUR DEPUTY SHOULD HAVE A COPY OF THIS IN CASE YOU ARE UNEXPECTEDLY ABSENT

Subject:	Group Leader:	Deputy:
Group meets at		

GL e-mail				*WEEKS*	1	2	3	4	5	6	7	8	9	10	11	12
Member No.	Card Seen?	Name	Phone	*DATES*												
		HOW MANY ATTENDED?														

Please send a COPY/ORIGINAL of this completed attendance register to the GROUP COORDINATOR at the end of the AUTUMN term

AS AT END OF AUTUMN TERM, IS GROUP FULL?		**IF FULL, HOW MANY ON WAITING LIST?**		**IF NOT FULL, HOW MANY VACANCIES?**	