



# CLASS ATTENDANCE SHEET

\_\_\_\_\_ (Month)

\_\_\_\_\_ (Year)

FORM 5

<b>CLASS/GROUP:</b>	<b>TUTOR'S NAME:</b>		
<b>VENUE:</b>	<b>DAY:</b>	<b>TIME:</b>	<b>FEE:</b>

**NOTE: Member names and current year receipt number MUST be recorded. Members MUST initial their attendance each session they attend.**

	Member Name	Receipt No.	Date: / /		Date: / /		Date: / /		Date: / /		Date: / /	
			Initials	Paid	Initials	Paid	Initials	Paid	Initials	Paid	Initials	Paid
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
			Total Received	\$	Total Received	\$	Total Received	\$	Total Received	\$	Total Received	\$

**Please return completed Class Attendance Sheet by the 7<sup>th</sup> of the following month.**

**Forms can be sent by:-** Email to [admin@u3atownsville.com](mailto:admin@u3atownsville.com) **OR** hand delivering to U3A office, A1 Cnr. Palmerston St & Fulham Road (access via Ronan Street), Vincent (please check our website for office opening hours) **OR** by posting to PO Box 378, Belgian Gardens 4810

Tutor's Signature: \_\_\_\_\_