

GROUP REGISTER (V9) FORM

Group Contact: (Name) _____ Group Name: _____
 _____ . Date & Time: _____

Venue: _____ Post Code: _____

Signed: _____ by Group Contact / Leader

The Group Co-Ordinator (rita.reece@live.co.uk) must be informed of any change in by the Group Contact / Leader or Venue or times Attendance: to be completed at every Group session by everyone attending and signed by the Group Contact/ Leader

This completed form is to be returned to the Group Co-Ordinator, at the Newport U3A monthly meeting (or to the Treasurer, at this meeting, with any applicable fees.

	Members' & Visitors Names (Capital letters)	Attendees Signature	Membership U3A Nr.	Other Info. Paid
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
DETAILS OF INCOME				AMOUNT
Group fees to Treasurer(if applicable) – for Hire of Venue, Trips etc.				
TOTAL				

Groups paying direct to venue C/F £ _____ Fees collected £ _____ Paid to Venue £ _____ C/F _____

Group Contact / Leader comments and information Please write "NIL" if there is nothing to report or continue to provide information on the back of this page E.g. Numbers getting low: need to advertise for more members , incidents or accidents, venue problem, need for waiting list etc.

Should a participating member in a Group change any of their personal details, the member must also inform the u3a Membership Secretary, Lynda Morris at her email address [newportshropshireu3a@gmail.com]

As a Charity please note that by completing the above Register each participating Member and Visitor is covered by the national U3A Public Liability Insurance policy. However, each individual attending is responsible for ensuring their health and welfare will not be affected by participating in the Group activity . If in doubt, speak to your Group Leader or Group Co-Ordinator for guidance. Issue 26/01//2021