

| EVENT DONATION | |
|----------------|---|
| Per Member | € |
| Per Non Member | € |

Event Attendance

This Event Attendance sheet must be used for all Cuidiú events even if no moneys are taken.

Completed sheets to be signed by the Host and by a Committee Member.

Hard and electronic copies must kept by Branch.

Hosts / Coordinators MUST be formal Members for Insurance Purposes.

| EVENT DETAILS | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------|
| Branch: | | | Date: | | |
| Event Name: | | | | | |
| Host / Coordinator Name and Contact No: | | | | | |
| | NAME | PHONE NO | NAMES & AGES OF CHILDREN | MEMBER (Y/N) | PAID € |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |
| 15 | | | | | |
| | | | | TOTAL € | |
| THE CO-ORDINATOR / HOST / COMMITTEE MEMBER IS RESPONSIBLE FOR ENSURING THAT: - Every person attending this event is signed in (parents sign in children) - Any accident which occurs is documented on an Accident Report Form - All monies collected are accounted for - This Event Attendance Sheet is forwarded to the Branch Secretary as soon as possible | | | I, THE CO-ORDINATOR / HOST / COMMITTEE MEMBER CONFIRM THAT: - This Sheet accurately records the attendance at this event - All moneys are counted for - I am a Paid Up Formal Member - No Accident occurred at this event OR - An Accident Occurred and is detailed on the attached Accident Report Form | | |
| COORDINATOR / HOST NAME _____ | | | SIGNED _____ | | |
| COMMITTEE MEMBER NAME & ROLE _____ | | | SIGNED _____ | | |