Class atte	ra	O Term 20													
Class/activity		Locat	tion												
Days		Start time						Activity fee							
			\$												
Tutor				Phone number(s)											
			Date of						factivity						
Member name	Phone number														
Please enter total \$ amount received and initial															
Less expenses (tea/coffee, etc)		-													
. , (-													
Total banked		-													