West Kent IVC

Activity Form

Activity Details

Event :			
Venue :			
Date :			
Estimated Cost :			
Meeting Time :		Return Time :	
Meeting Place :			
1st Organiser :		Contact No :	
2nd Organiser :		Contact No :	

Member Attendance

No	Full Name	Driver	Paid
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

Other Information

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