



Welcome! Please sign in and out each visit. Thank you.

Date	Name	Tel No. or Email*	Member*	Attending	\$*	Method	Time In	Time Out
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Card <input type="checkbox"/> Cash <input type="checkbox"/> Online		
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Card <input type="checkbox"/> Cash <input type="checkbox"/> Online		
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