



# KEDRON OWNERS GROUP INC.

## Gathering Attendance Register

### **FINANCIAL MEMBERS ONLY**

**Place of Gathering:**

**Date of Commencement:**

**Trip Leader Name/s:**

**IMPORTANT:** The Kedron Owners Group Inc **Public Liability Insurance** policy covers **Financial Members** ONLY. **GUESTS** of Members **are NOT covered** & must acknowledge by signing on a separate form that they understand that they are not covered by the Kedron Owners Group Inc Public Liability Insurance.

For public liability purposes, and for this gathering to be recognised by the Management Committee of the Kedron Owners Group Inc., this form must be signed by the attending Financial Members (one signature per van) and returned ASAP to: **The Secretary**  
**Kedron Owners Group Inc.**  
**3 McCartney Court**  
**Cashmere Qld 4500**

| Member Name/s | Signature | Arrival Date | Departure Date |
|---------------|-----------|--------------|----------------|
| 1.            |           |              |                |
| 2.            |           |              |                |
| 3.            |           |              |                |
| 4.            |           |              |                |
| 5.            |           |              |                |
| 6.            |           |              |                |
| 7.            |           |              |                |
| 8.            |           |              |                |
| 9.            |           |              |                |
| 10.           |           |              |                |
| 11.           |           |              |                |
| 12.           |           |              |                |
| 13.           |           |              |                |
| 14.           |           |              |                |
| 15.           |           |              |                |



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| <b>16.</b> |  |  |  |
| <b>17.</b> |  |  |  |
| <b>18.</b> |  |  |  |
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| <b>20.</b> |  |  |  |
| <b>21.</b> |  |  |  |
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| <b>27.</b> |  |  |  |
| <b>28.</b> |  |  |  |
| <b>29.</b> |  |  |  |
| <b>30.</b> |  |  |  |