BERKSHIRE CENTRE
AUDIT SHEET

THIS SHEET MUST BE RETURNED TO THE TREASURER.

VENUE _____

DATE _____

BOOKING NUMBER	1/20/50 B'THDAY ANNIV.	NAME	VEHICLE REGISTRATION	CENTRE	PLAQUE YES/NO	NUMBER OF ADULTS	NUMBER OF TEENS	NUMBER OF CHILDREN	SITE FEES inc. VAT	RALLY FEES	ADMIN FEES	NEWSPAPER	SOCIAL FEES inc. VAT	TOTAL ENVELOPE COST
				TOTALS										