

Group Event Attendance Form

Event Name:

Event Date:

Group Name:

Attendees

| Member Name | Present | Remarks |
|----------------------|--------------------------|----------------------|
| <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |