



Victorian Bands' League Inc.

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ADJUDICATORS AND ACCOMPANISTS ACTIVITY CLAIM FORM

Name: _____

Address: _____

Suburb: _____ Postcode: _____

Telephone (w): _____

Telephone (h): _____

Telephone (mob): _____

Email: _____

Name of competition: _____

Date of competition: _____

Venue: _____

Date	Start time	Finish time	Hours worked
TOTAL			

Signature: _____ Date: _____