



Probus Club of Ballarat South Inc.

P.O. Box 599W,
Ballarat West,
Vic. 3350

LEAVE OF ABSENCE FORM
(Your Leave of Absence will be counted as attendance)

Date.....

I/We wish to apply for leave of absence for the following monthly meetings.

Month 1.....

Month 2.....

Month 3.....

Month 4.....

Month 5.....

Name.....

Signature.....

Name.....

Signature.....

Acknowledged by.....

Signed.....