

## **Filofax PocketA 4-ring 1987-style Insert Re-creations**

These insert recreations are not perfect, but they are pretty close. based on measuring photos or thumbnails of the originals.

They use a consistent style, based on that used in the 1987 Free-Form Management inserts.

They lack the Bodoni typeface used for the original titles.

The file names are my own, using the original insert reference numbers, with a descriptive based on the original title or function.

Pocket wasn't introduced until 1989, with a 4-ring mechanism. These inserts are based on the Personal 1987 inserts, modified to match the line spacing of the released Pocket inserts, so many of them were never available in Pocket size. The copyright date in the spine is a notional 1989.

The page size here is my own 'PocketA', using the  $\sqrt{2}$ :1 aspect ratio of the ISO216 paper format; the original 120.65mm (4  $\frac{3}{4}$ ") height, 85.31mm wide.

The following inserts are missing some text details or one side of the insert. If you can help provide the missing details, please let me know.

ref\_254\_s\_memoranda  
ref\_354\_s\_monthly\_call\_list  
ref\_pg\_rc\_s\_range\_grouping  
ds03\_s\_road\_distances  
dset\_uk\_s\_paper\_sizes

### **Printing**

Individual inserts can be accessed using the Acrobat Bookmark, which will take you to the desired insert.

This is a composite size PDF document, so A4 pages should print to A4, and A3 pages to A3, but you should check that no scaling is being done.

single, double & treble leaves are imposed to A4  
tumble on long edge

quad leaves are imposed to A3  
tumble on short edge

Set 'no margins' in the Acrobat advanced print settings  
your printer will need to be able to print within 5mm of top & bottom edges  
Check that no resize scaling is selected

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original inserts © Filofax





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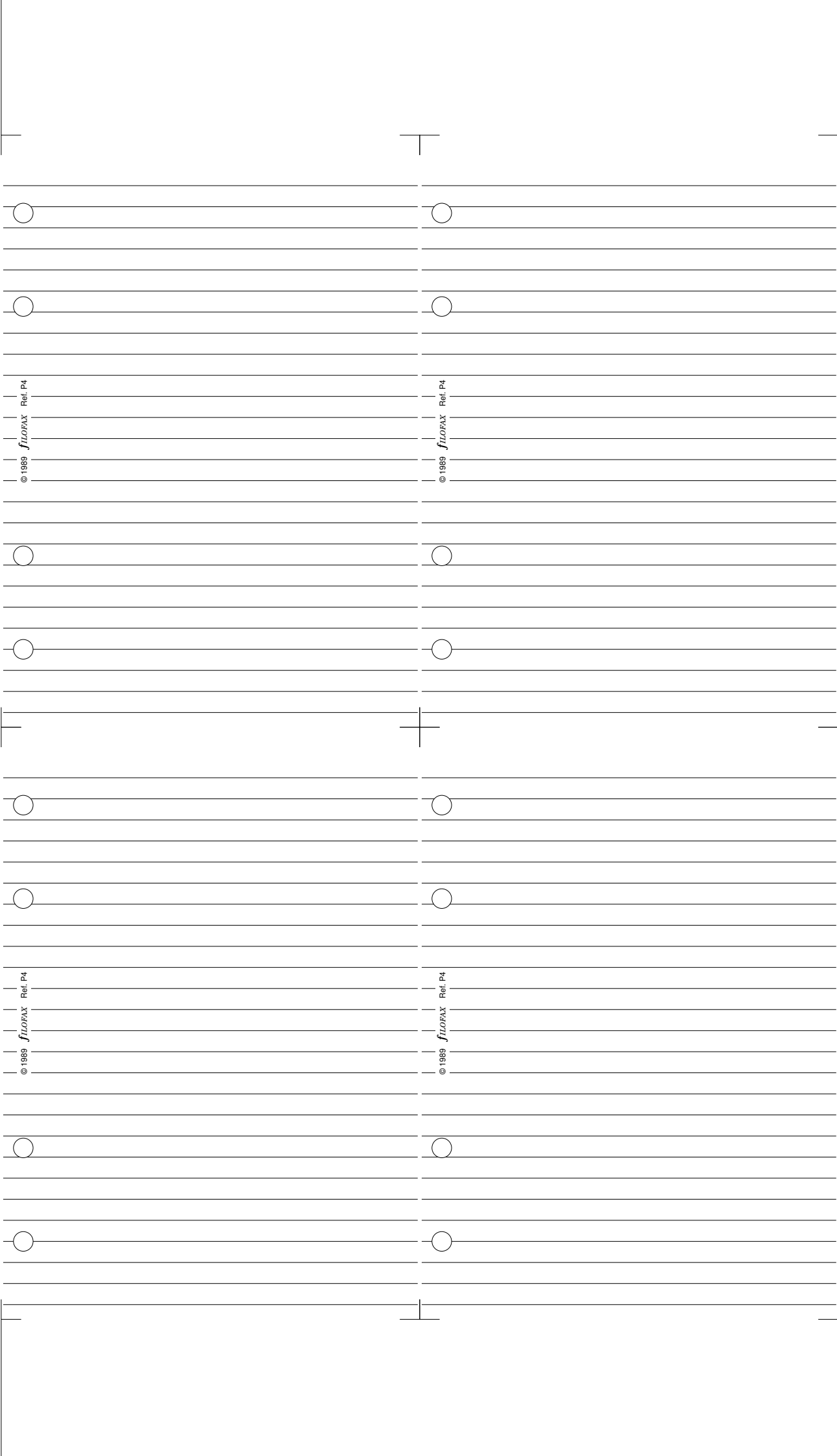










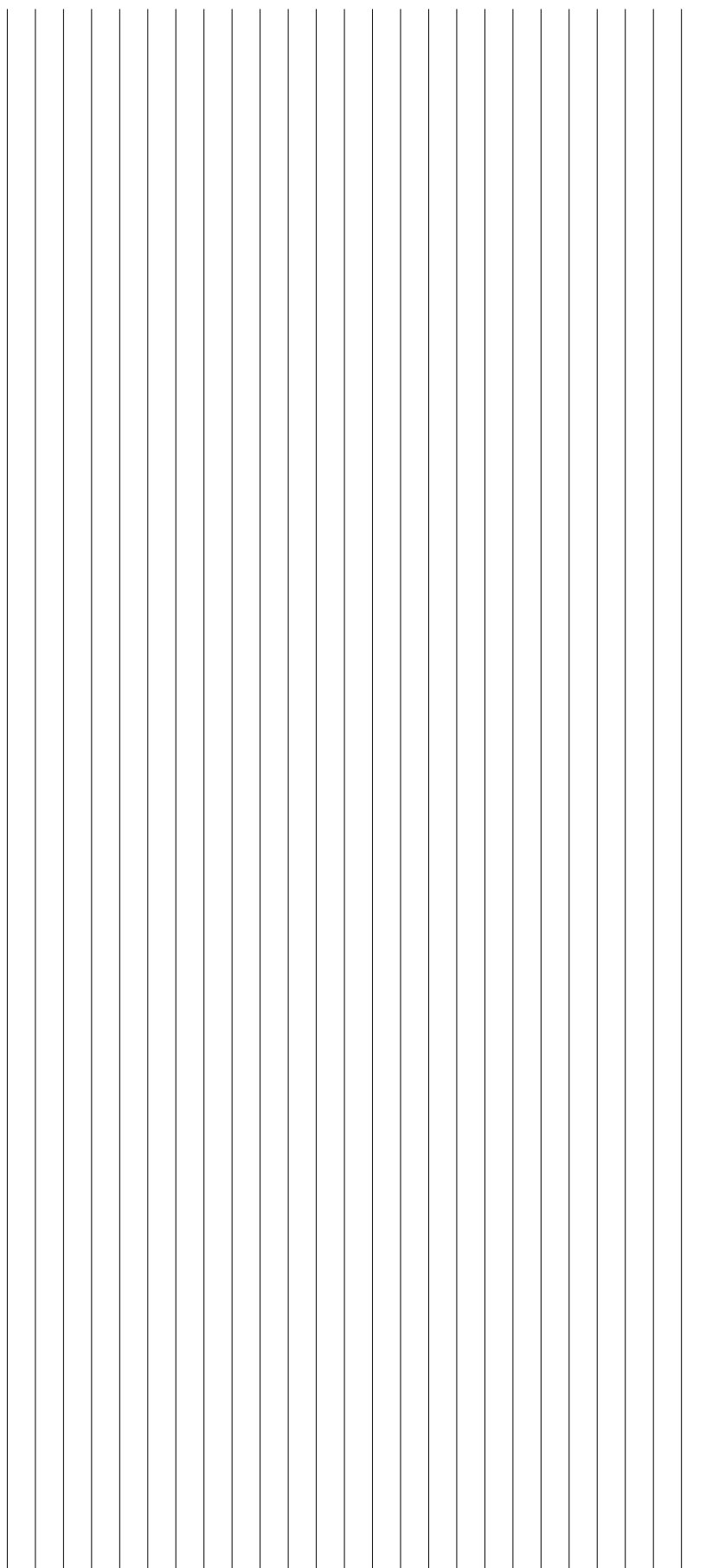


[illegible]This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

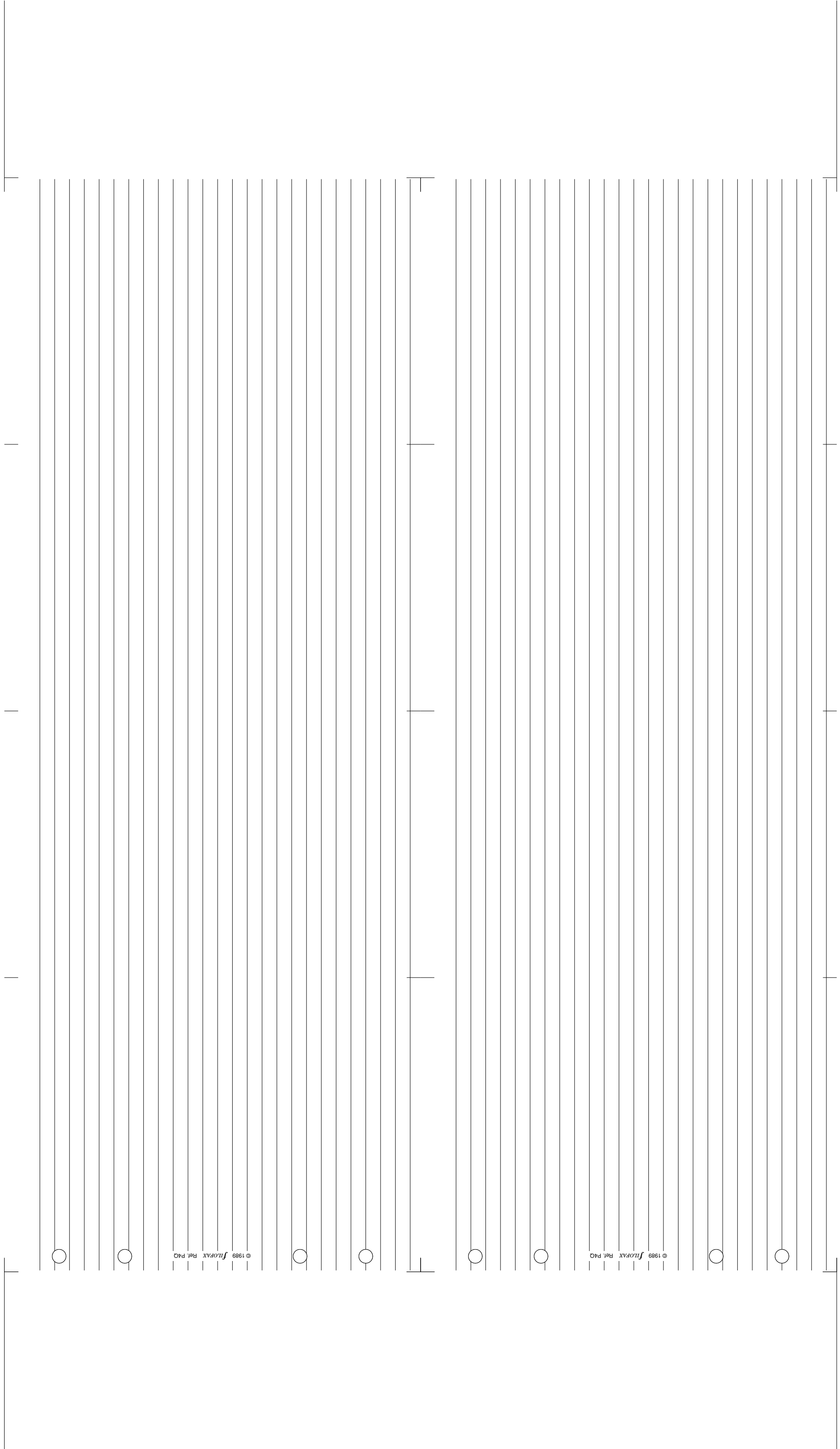


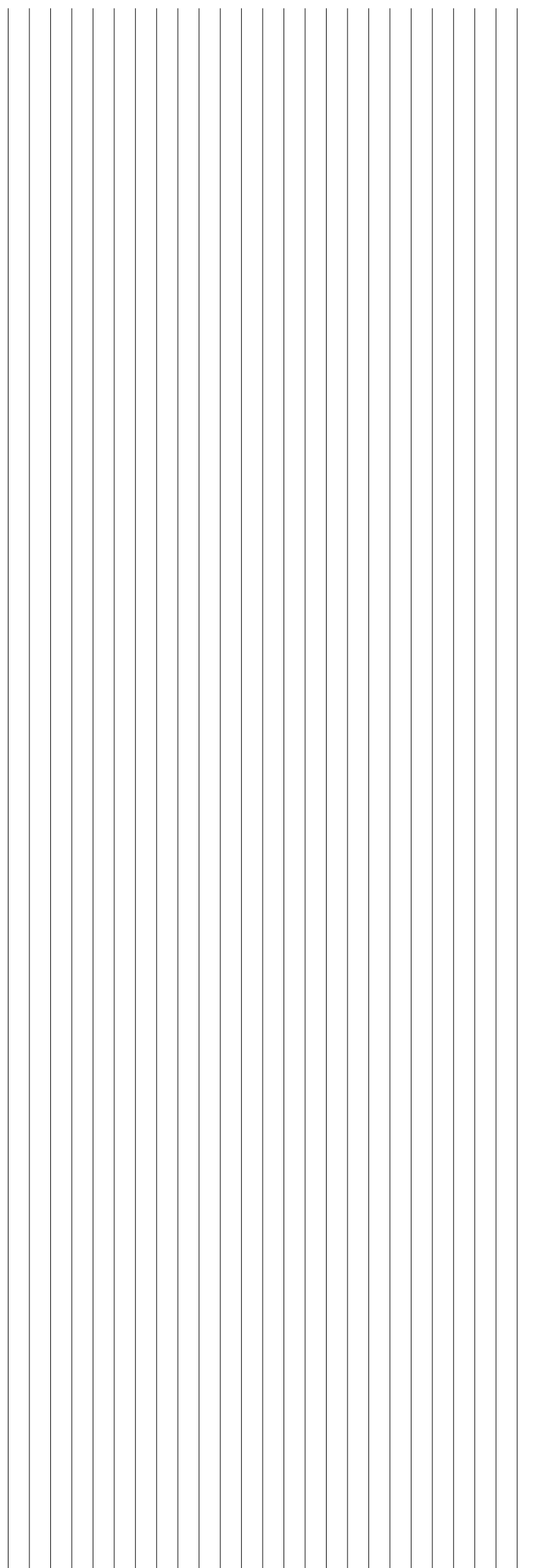
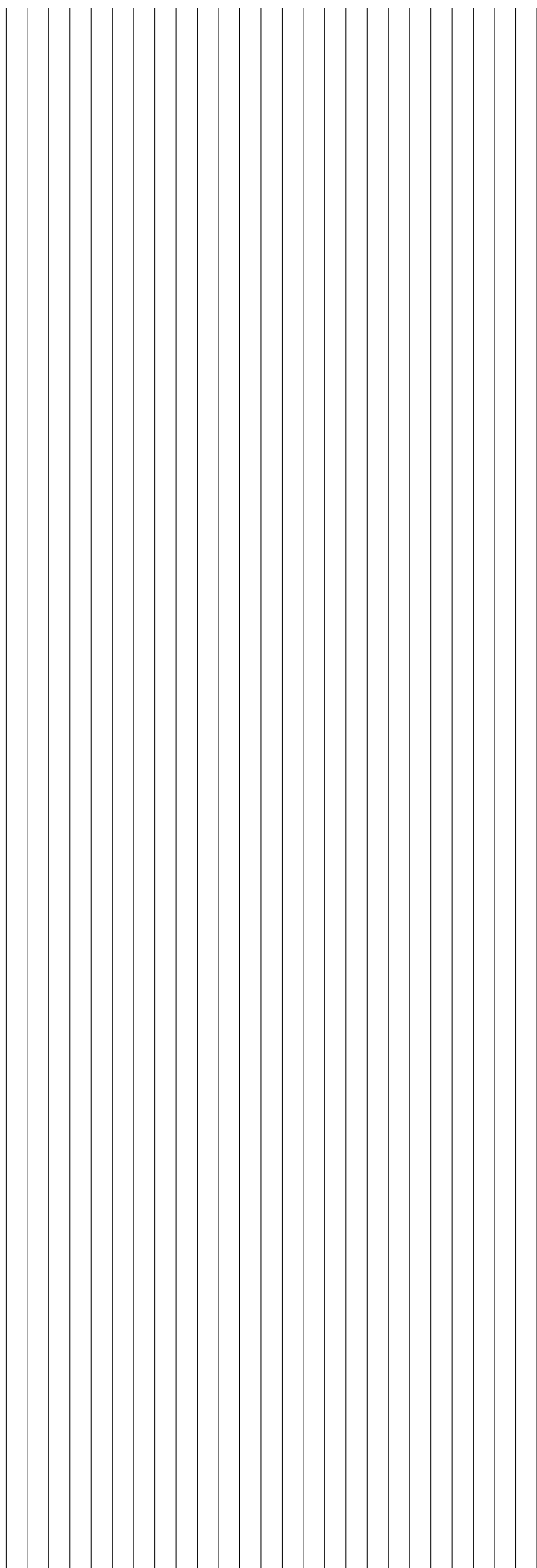












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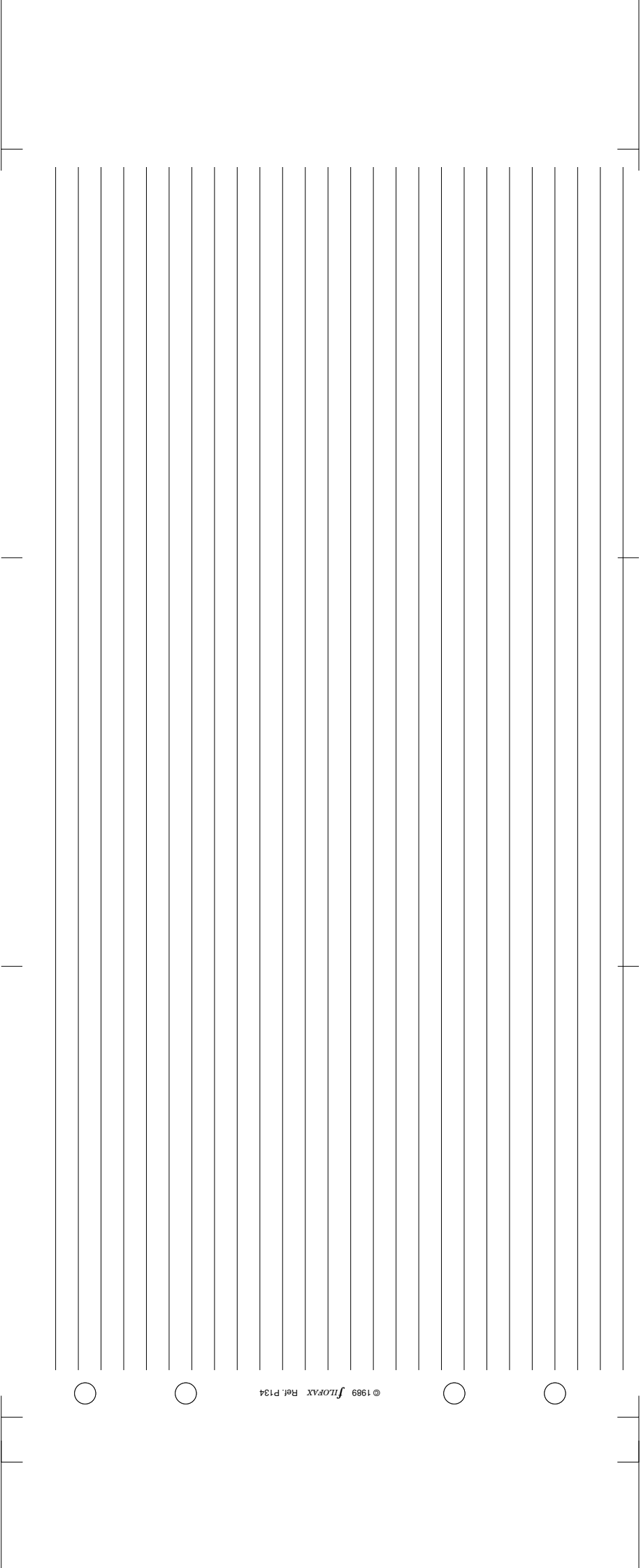
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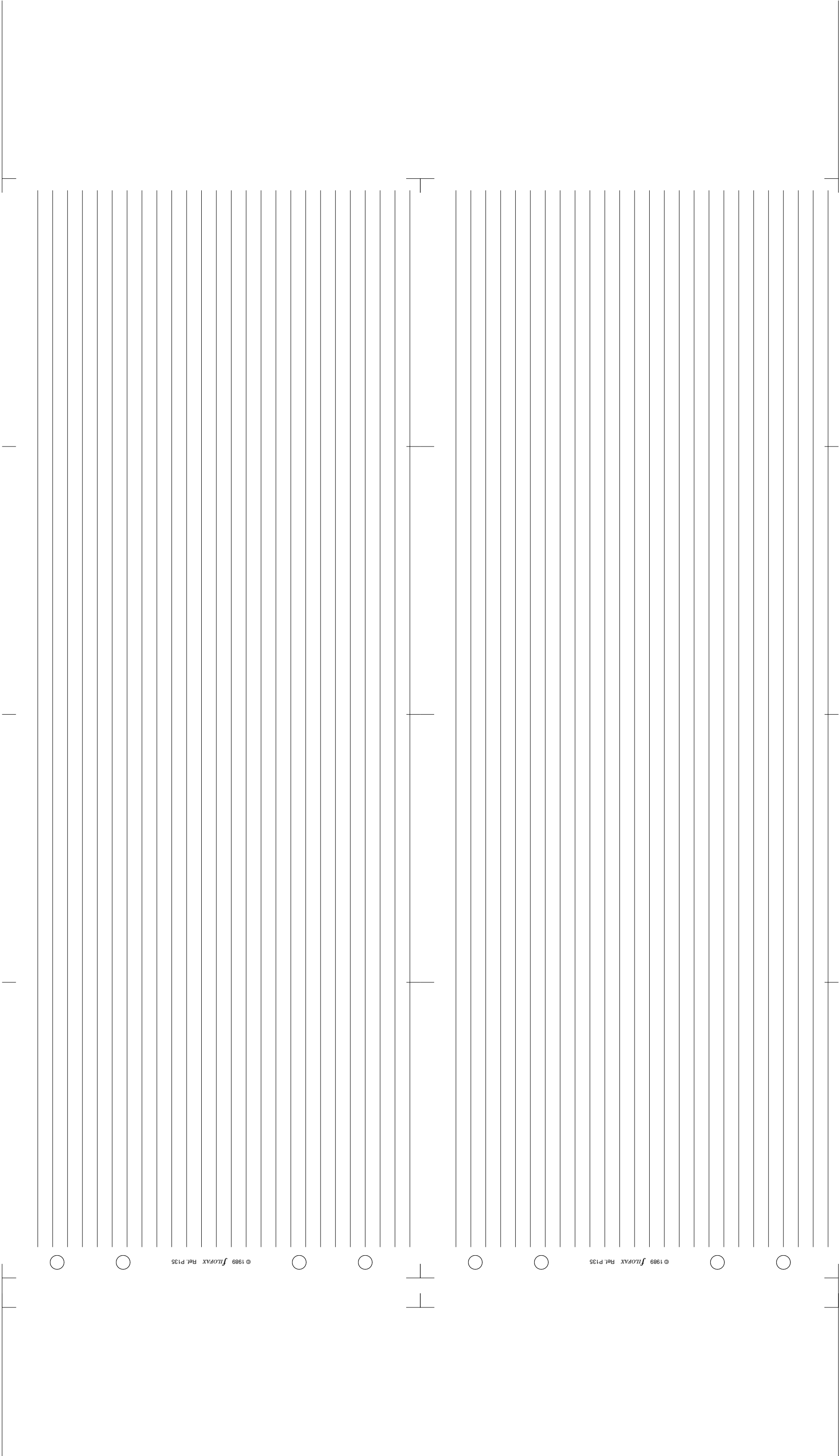


This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



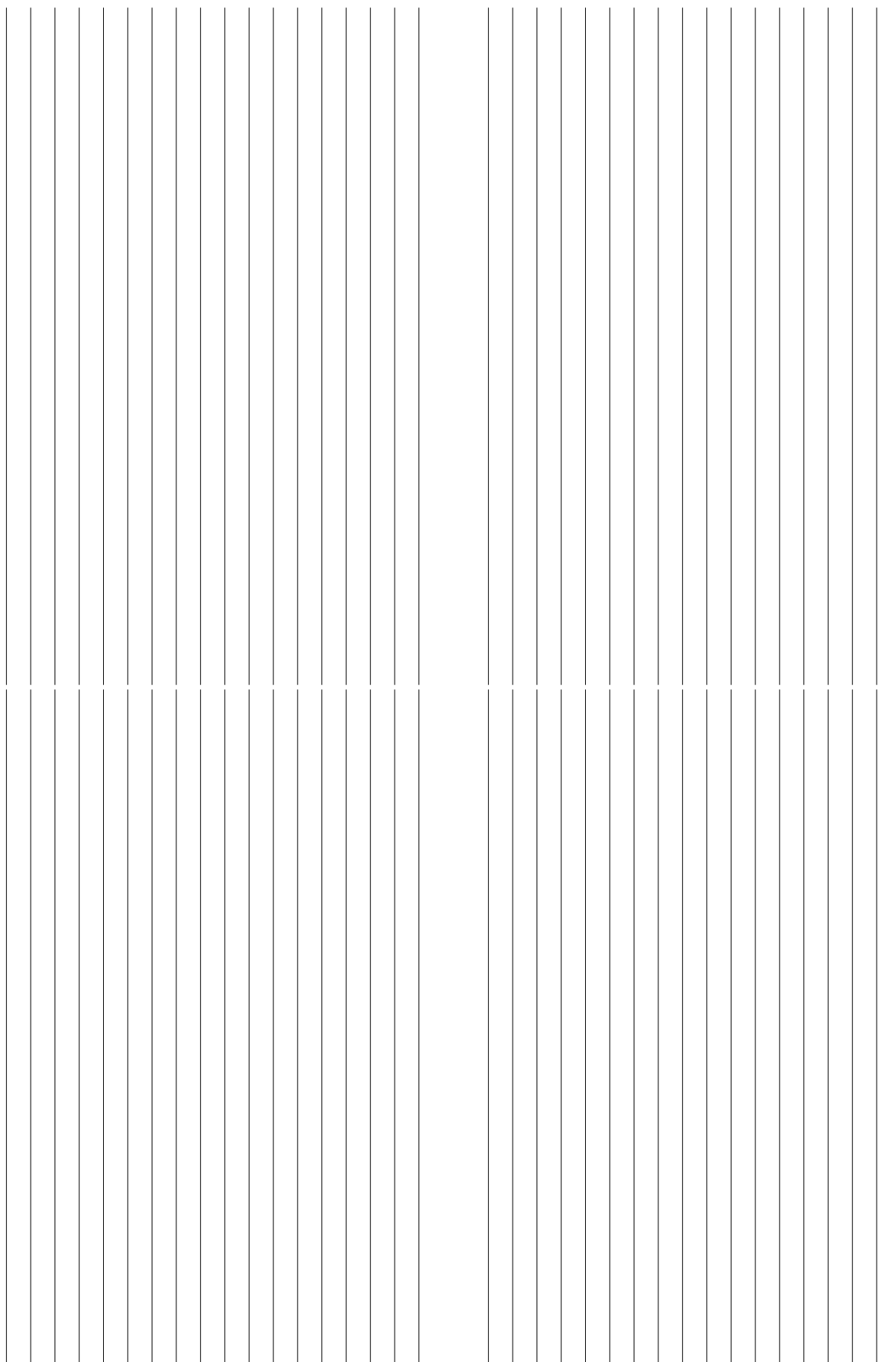
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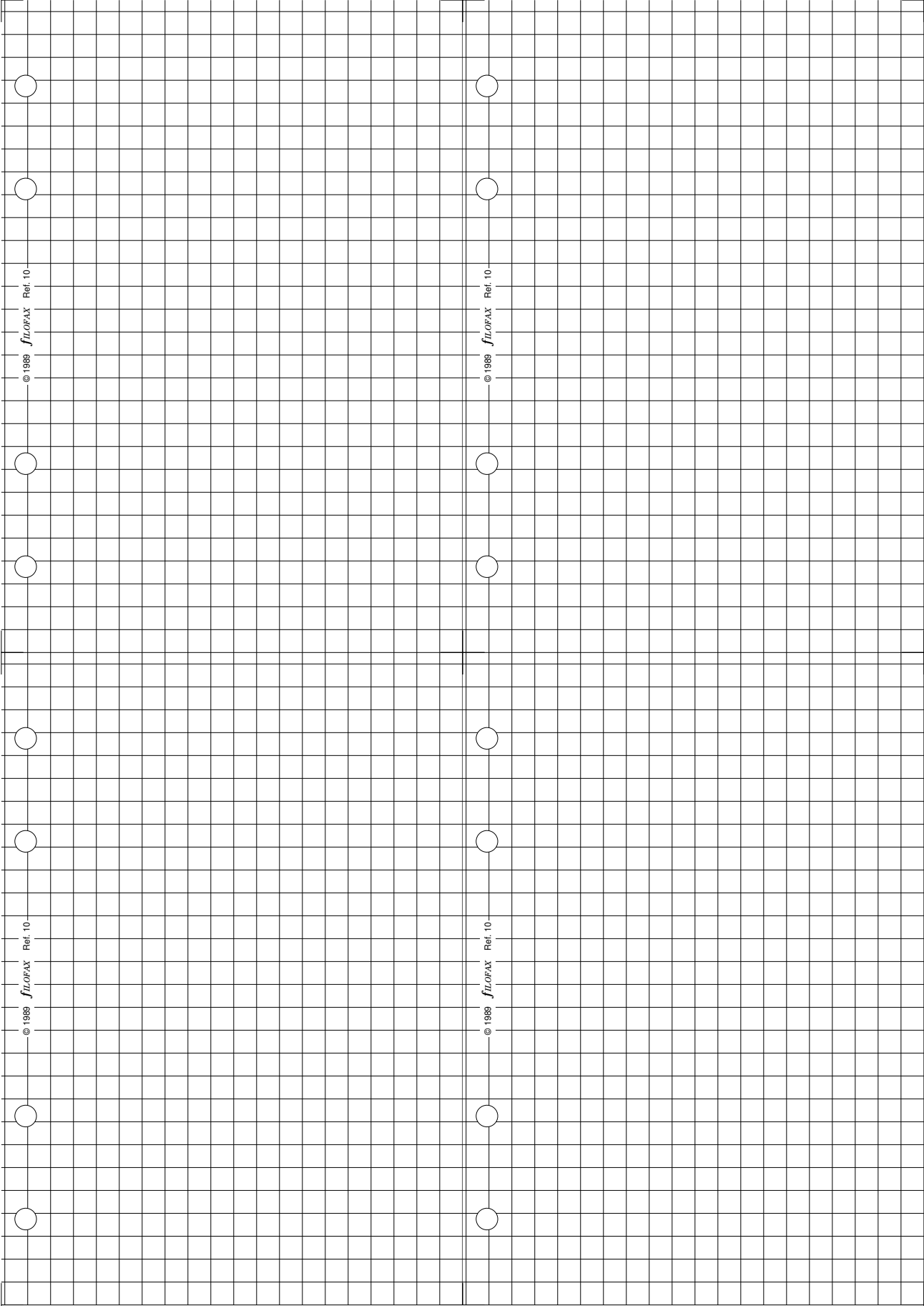


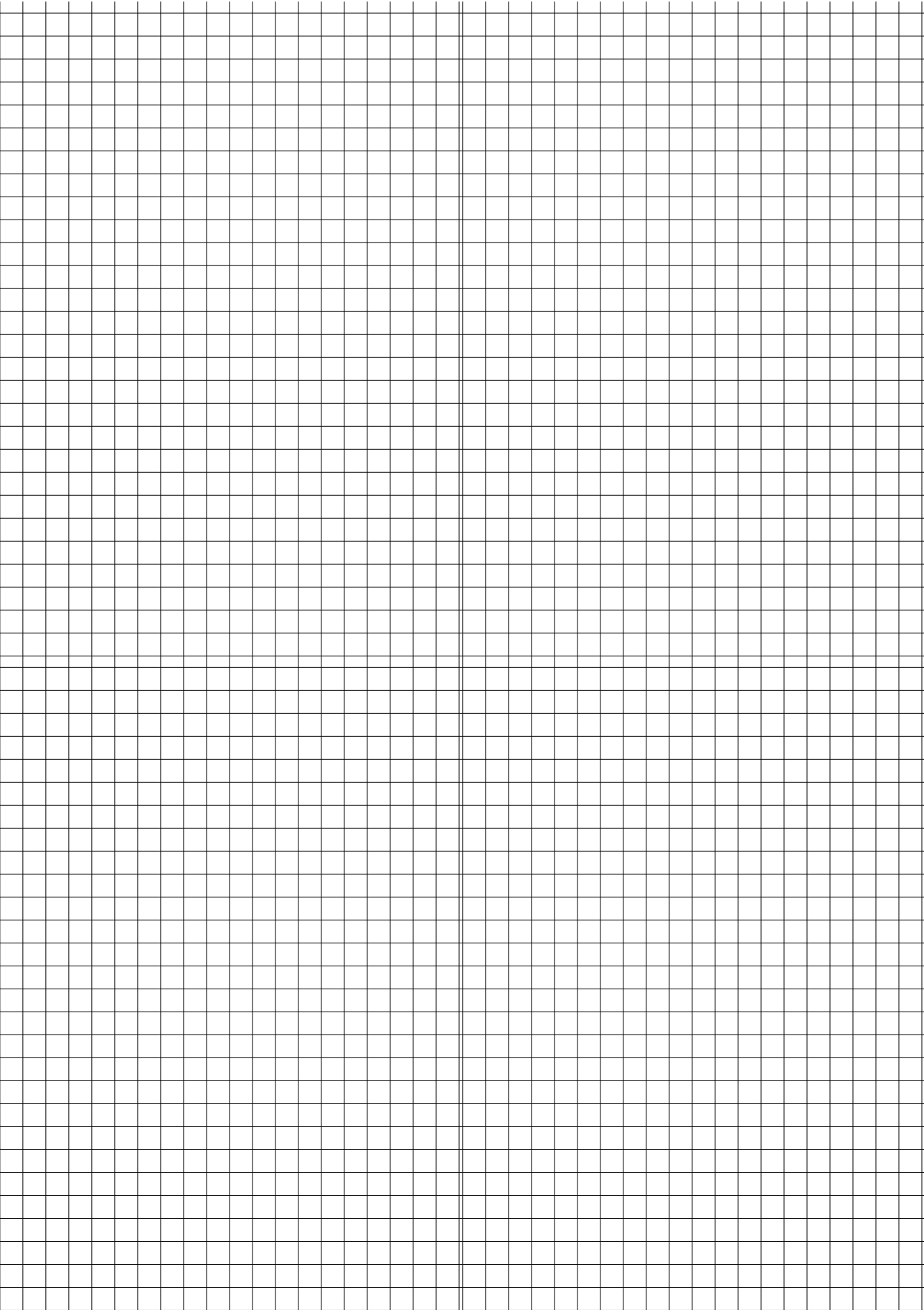


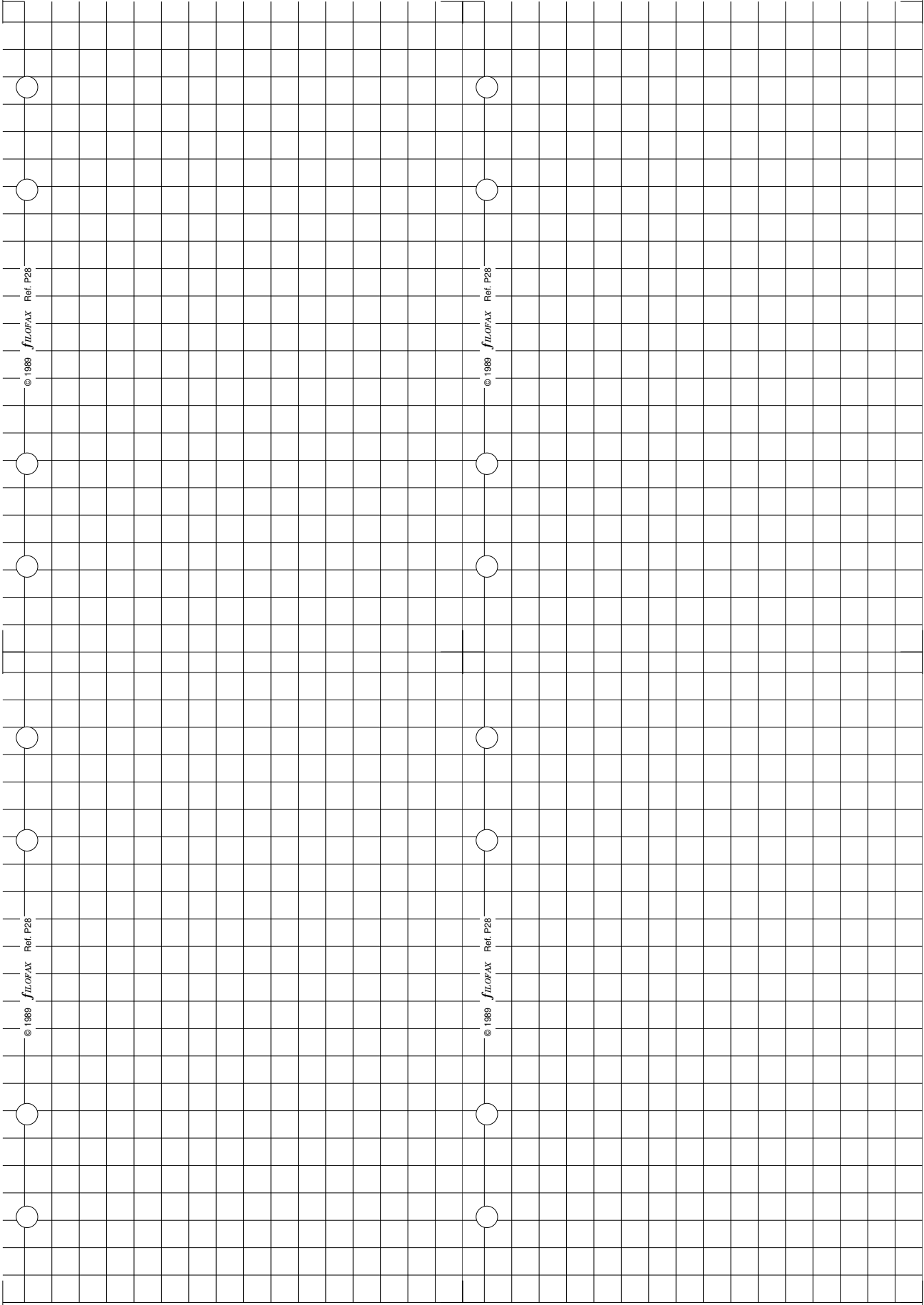


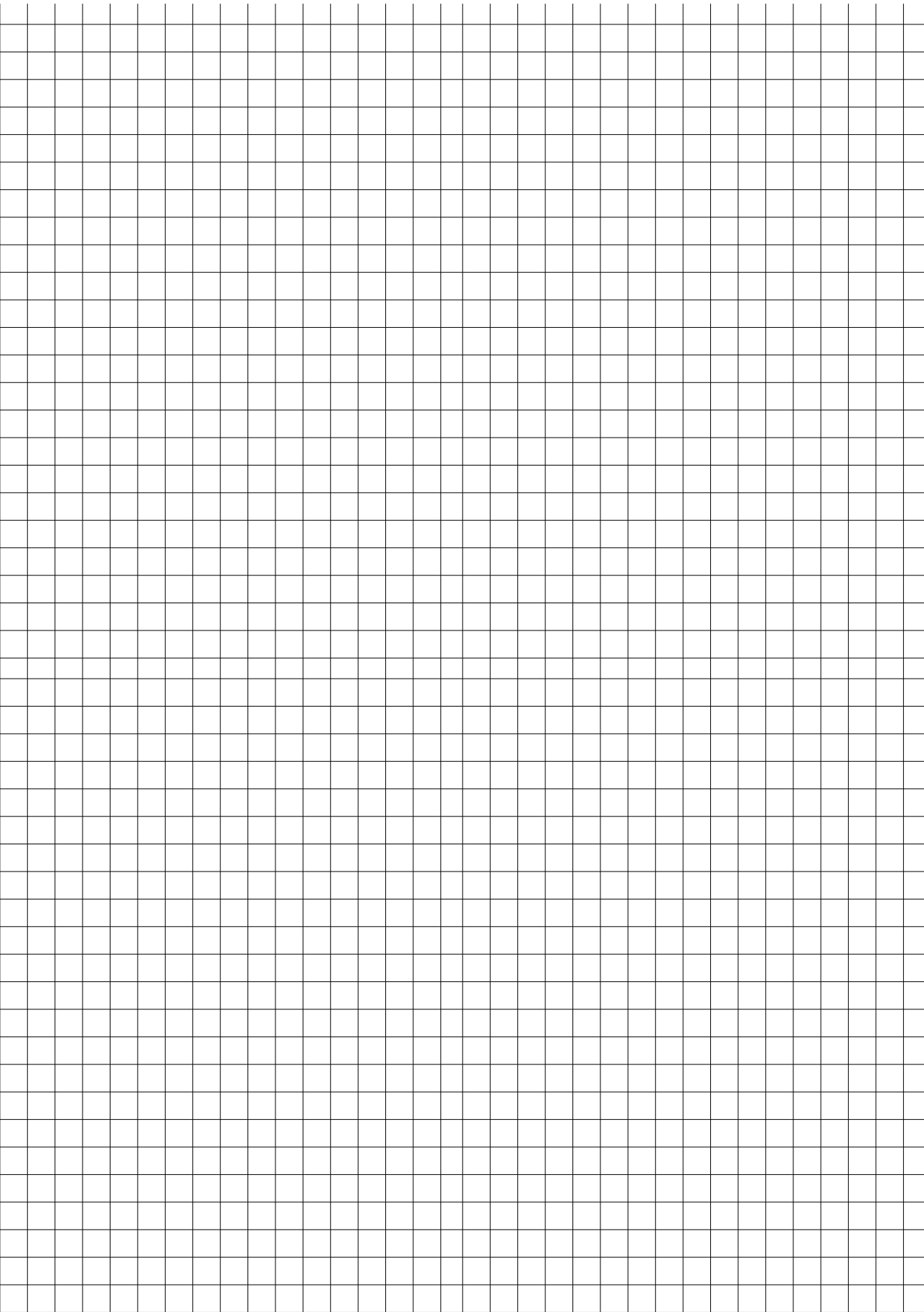




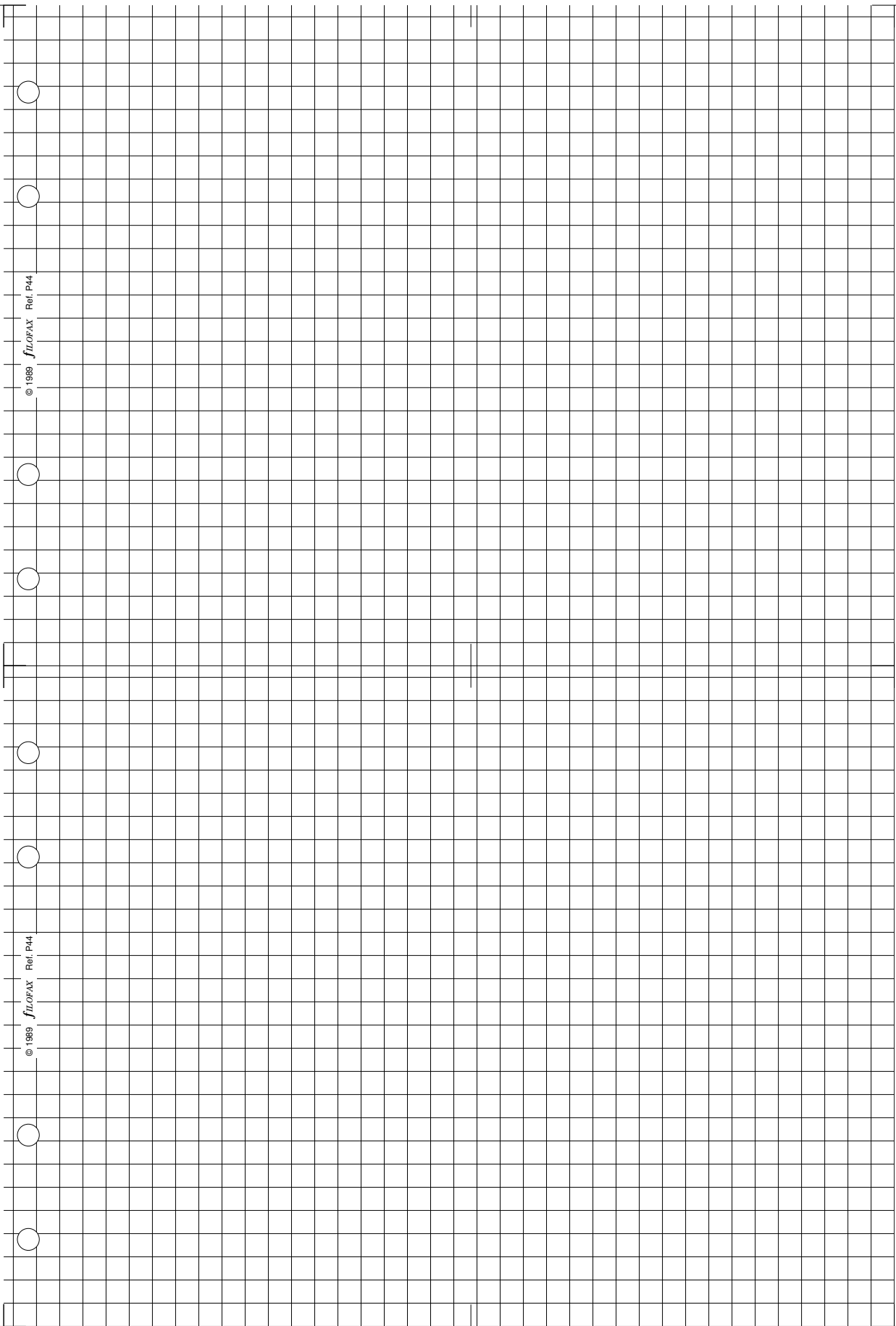






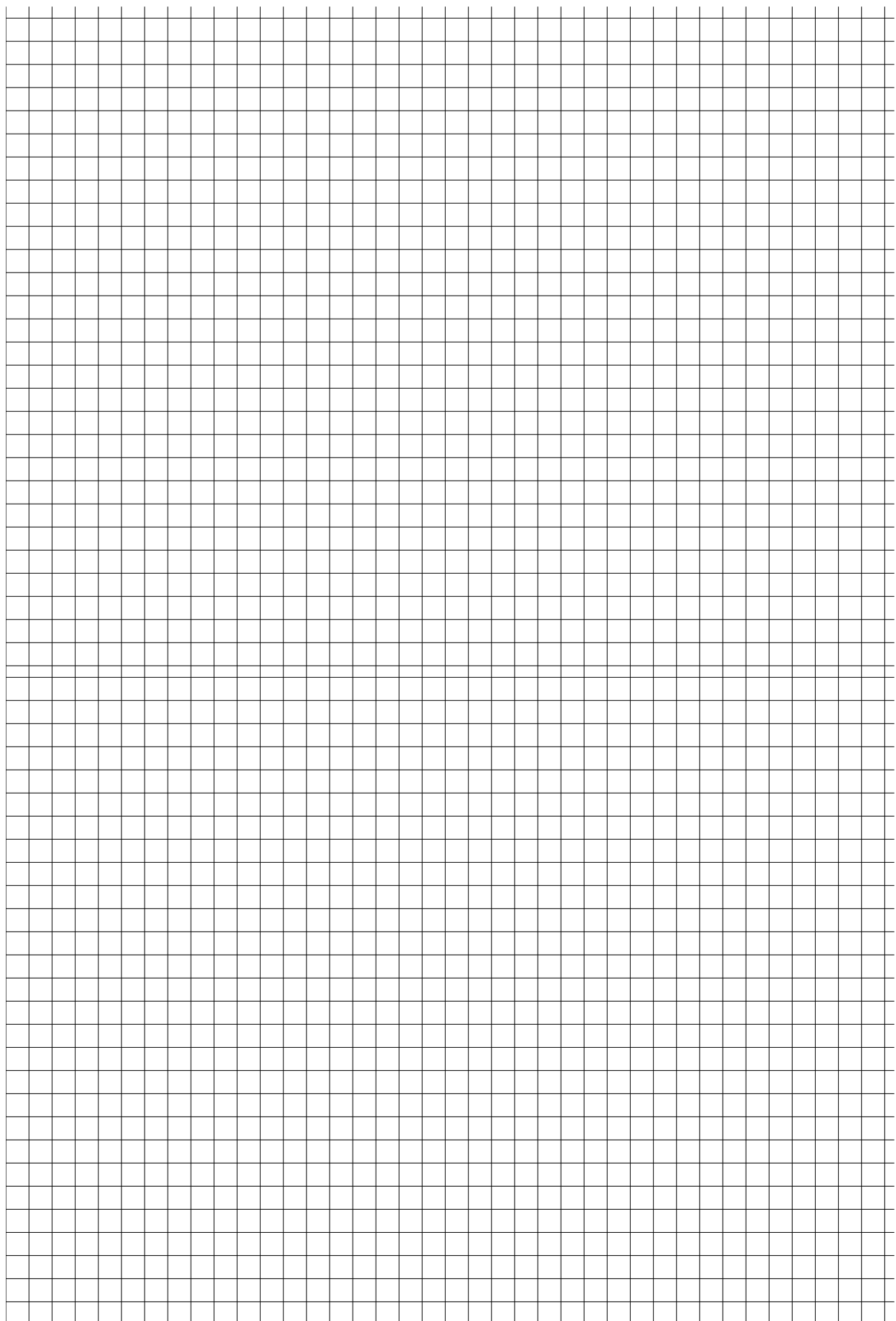


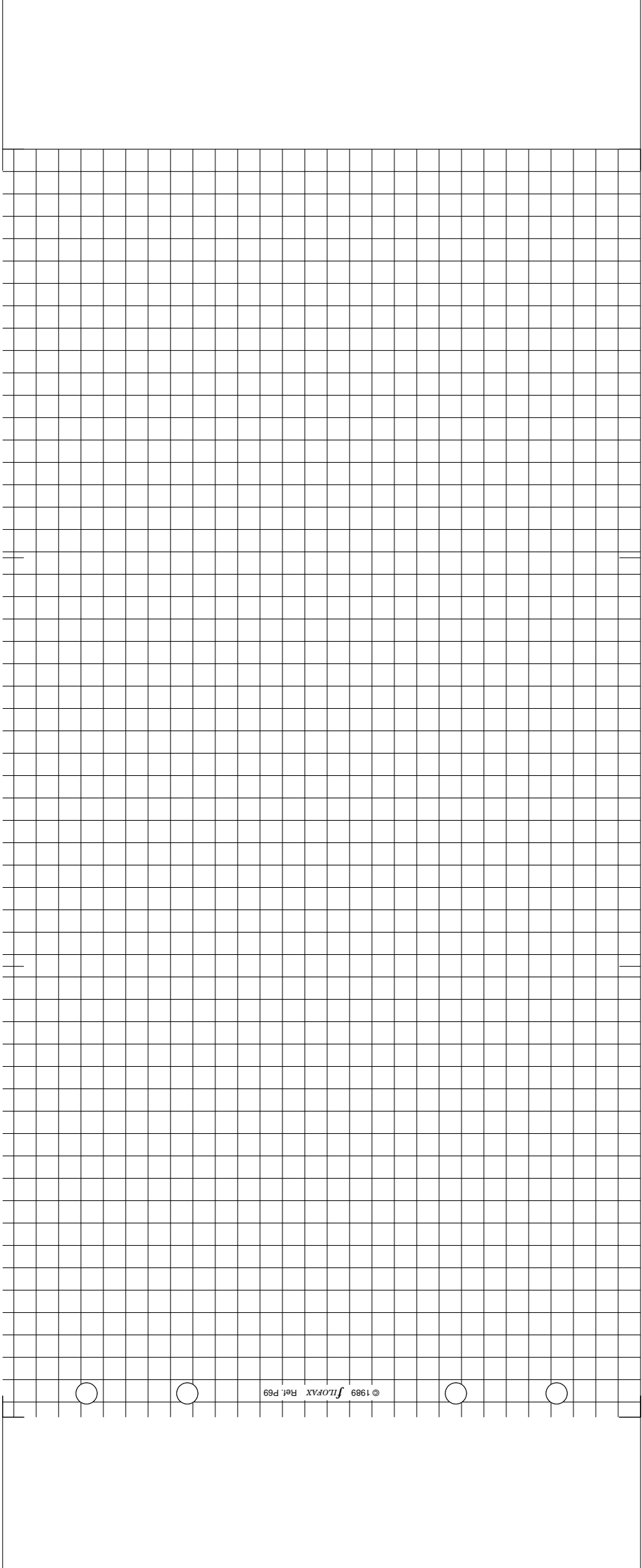


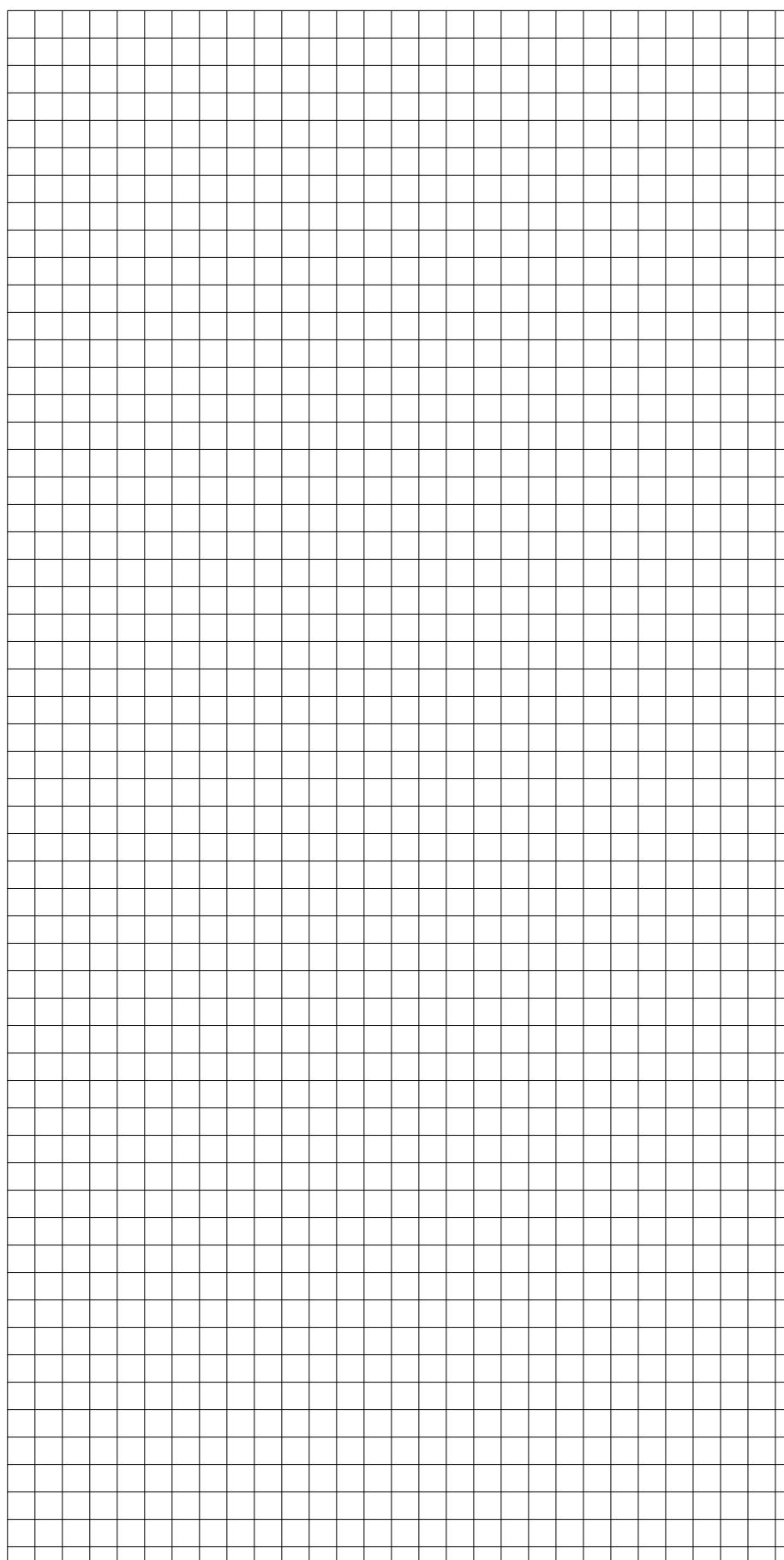


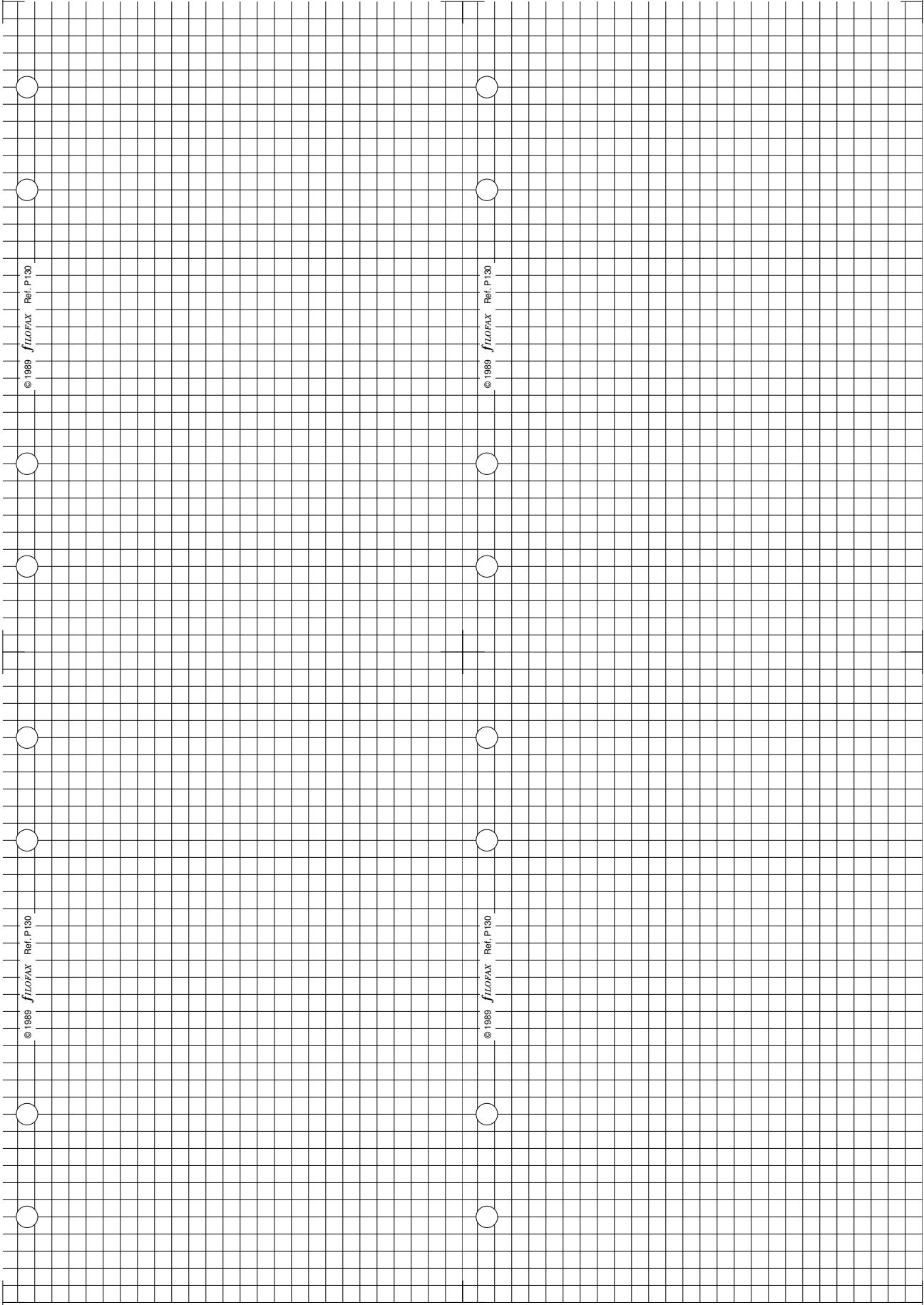
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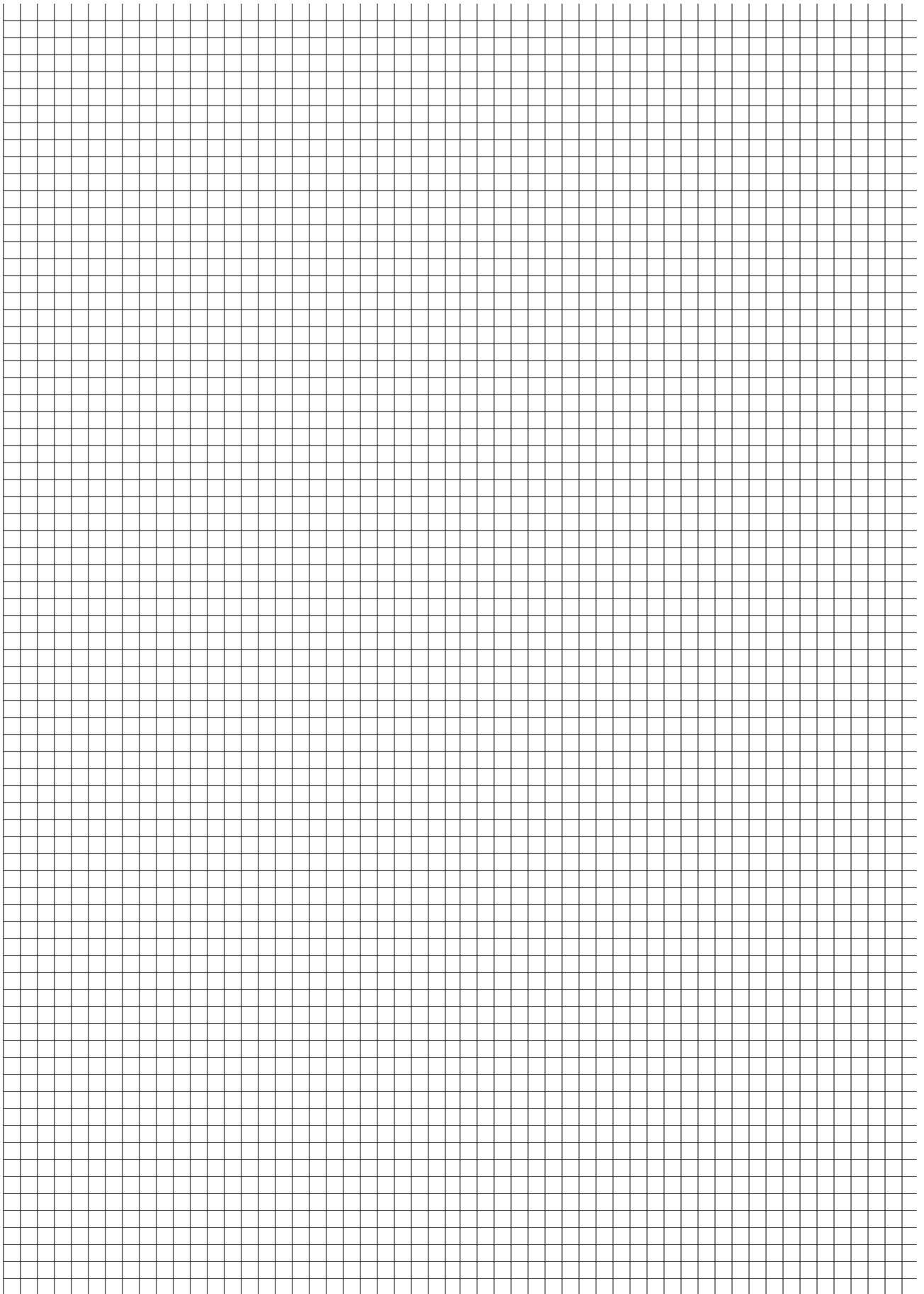


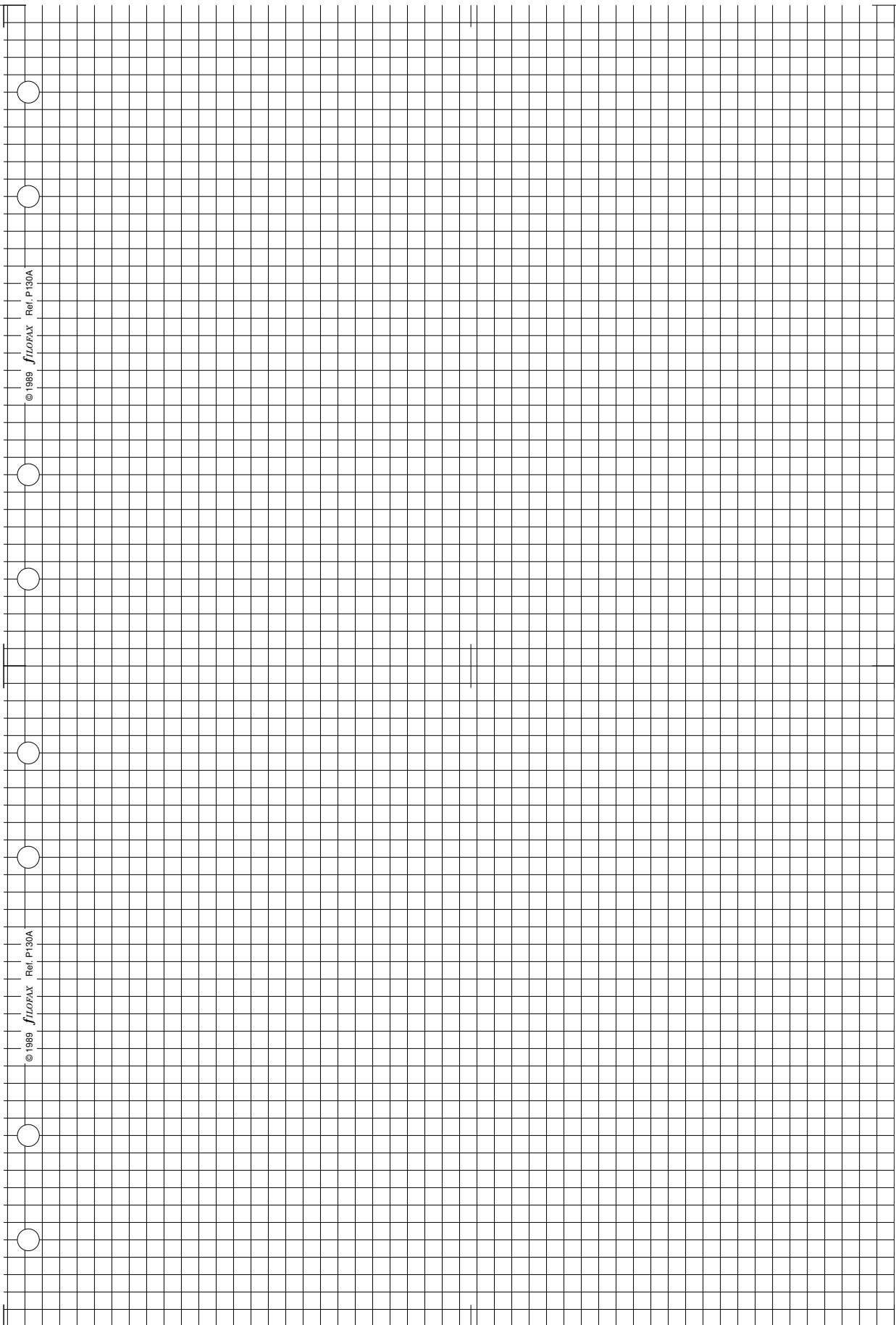
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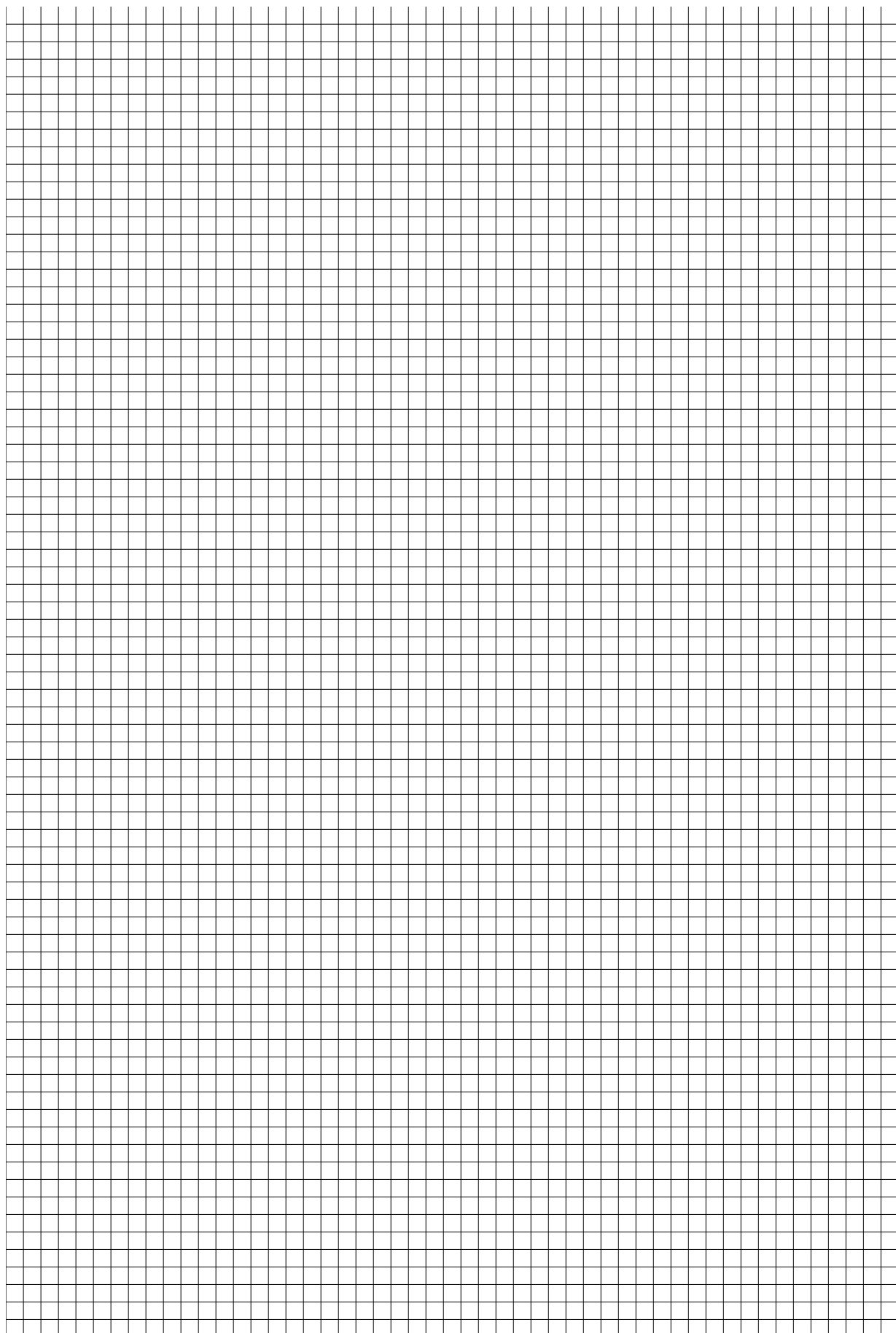
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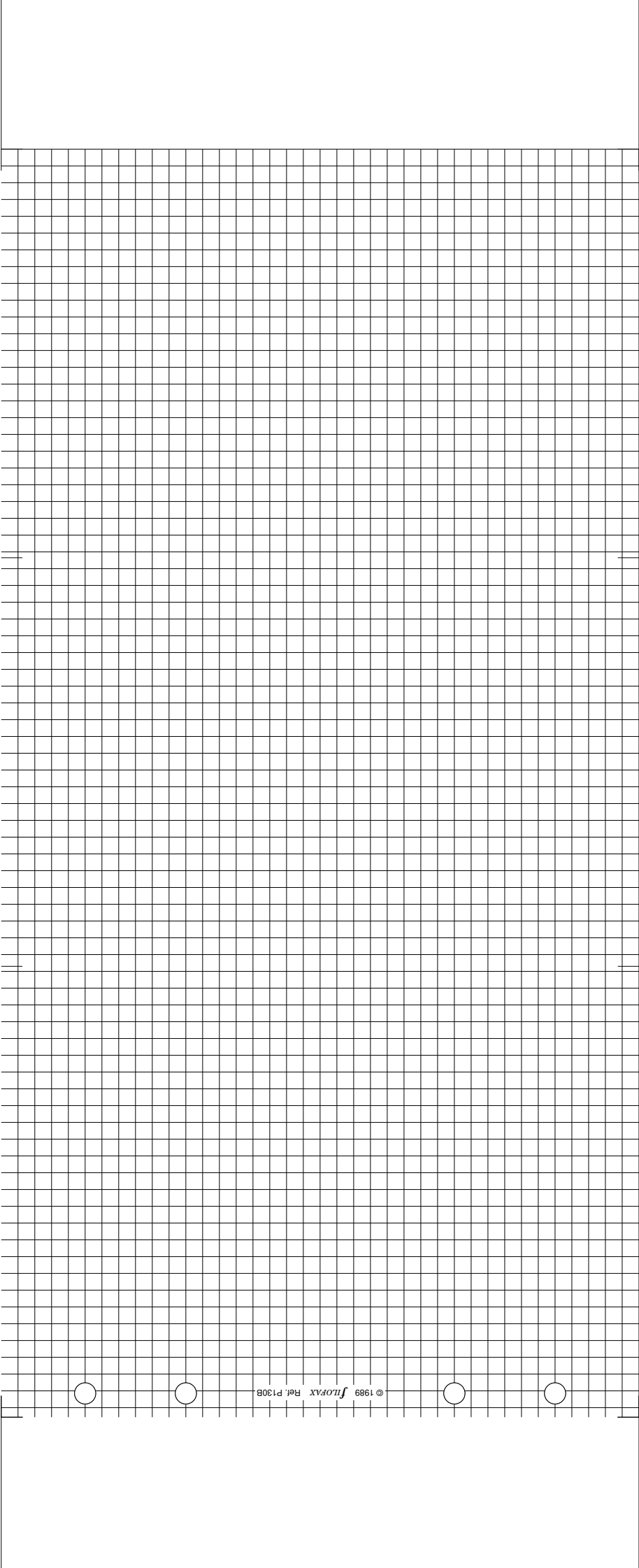
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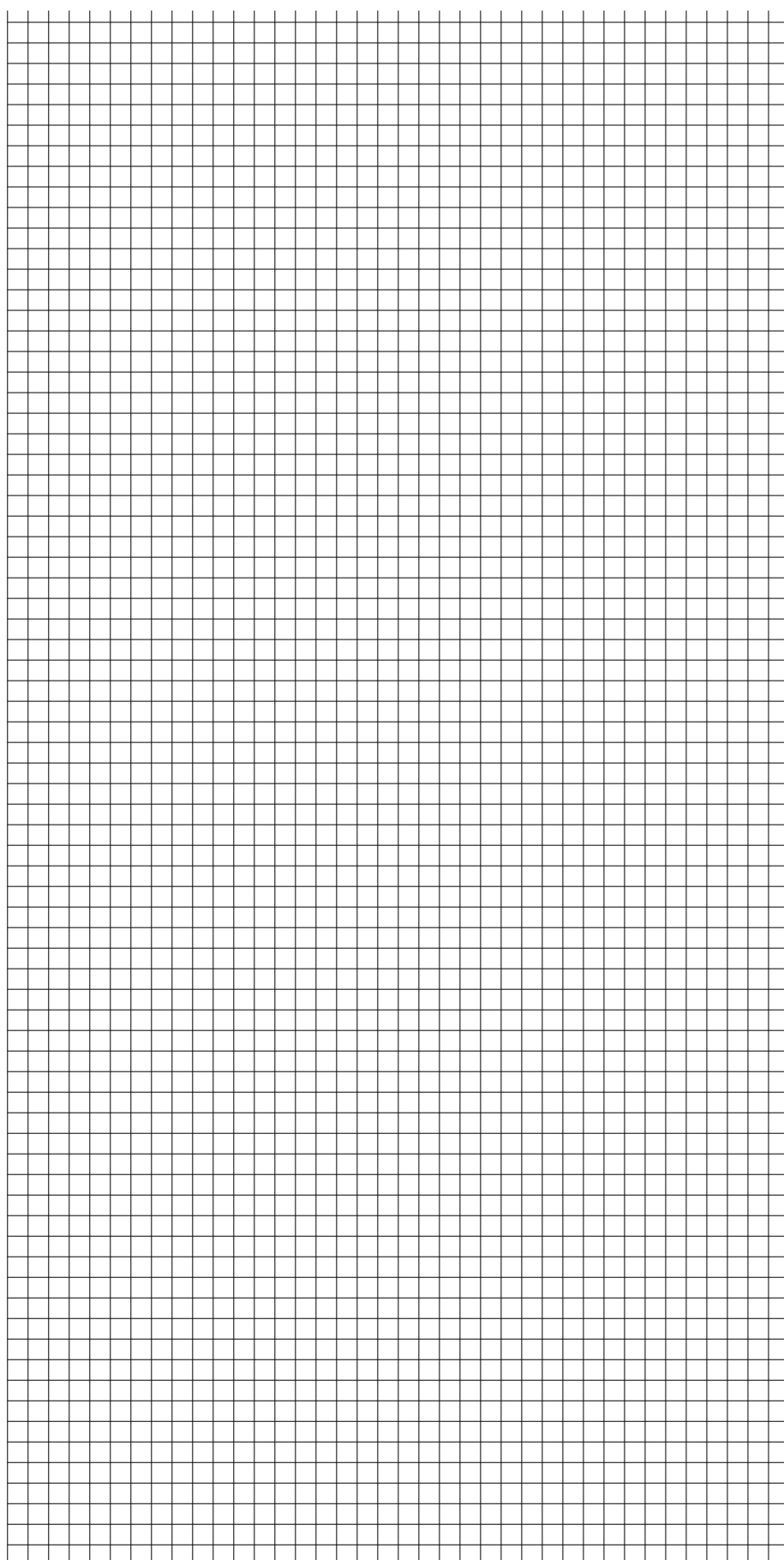


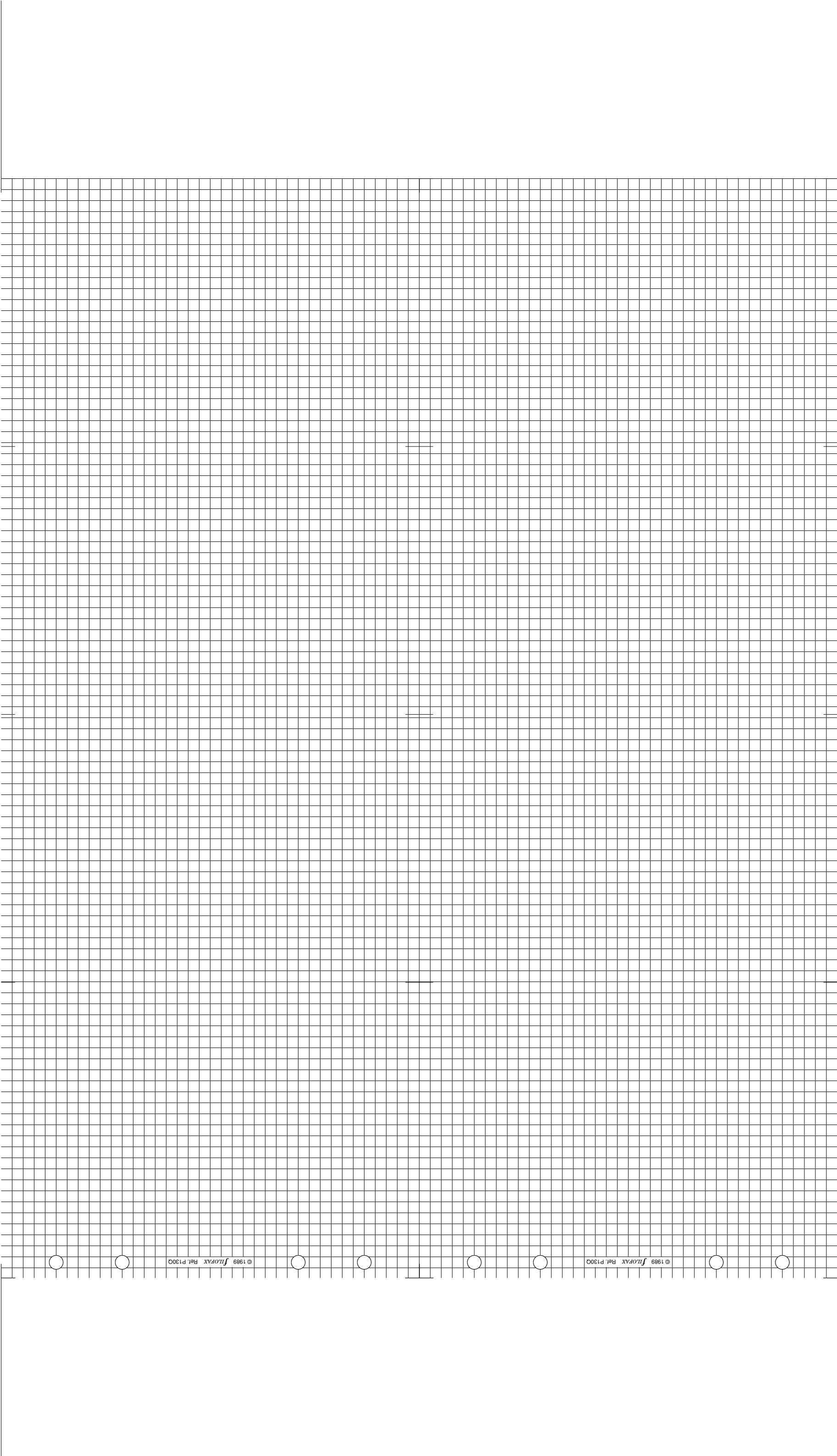










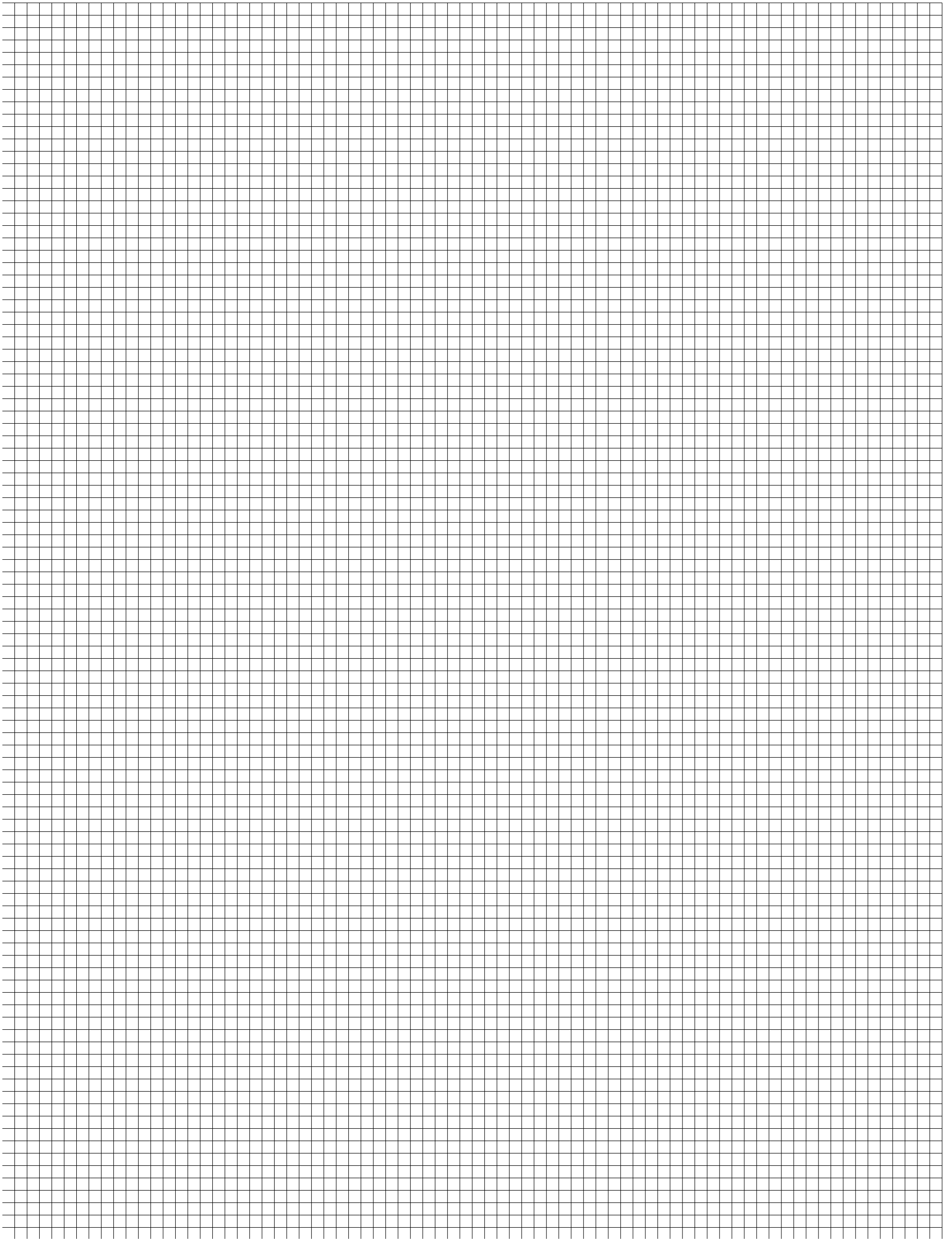


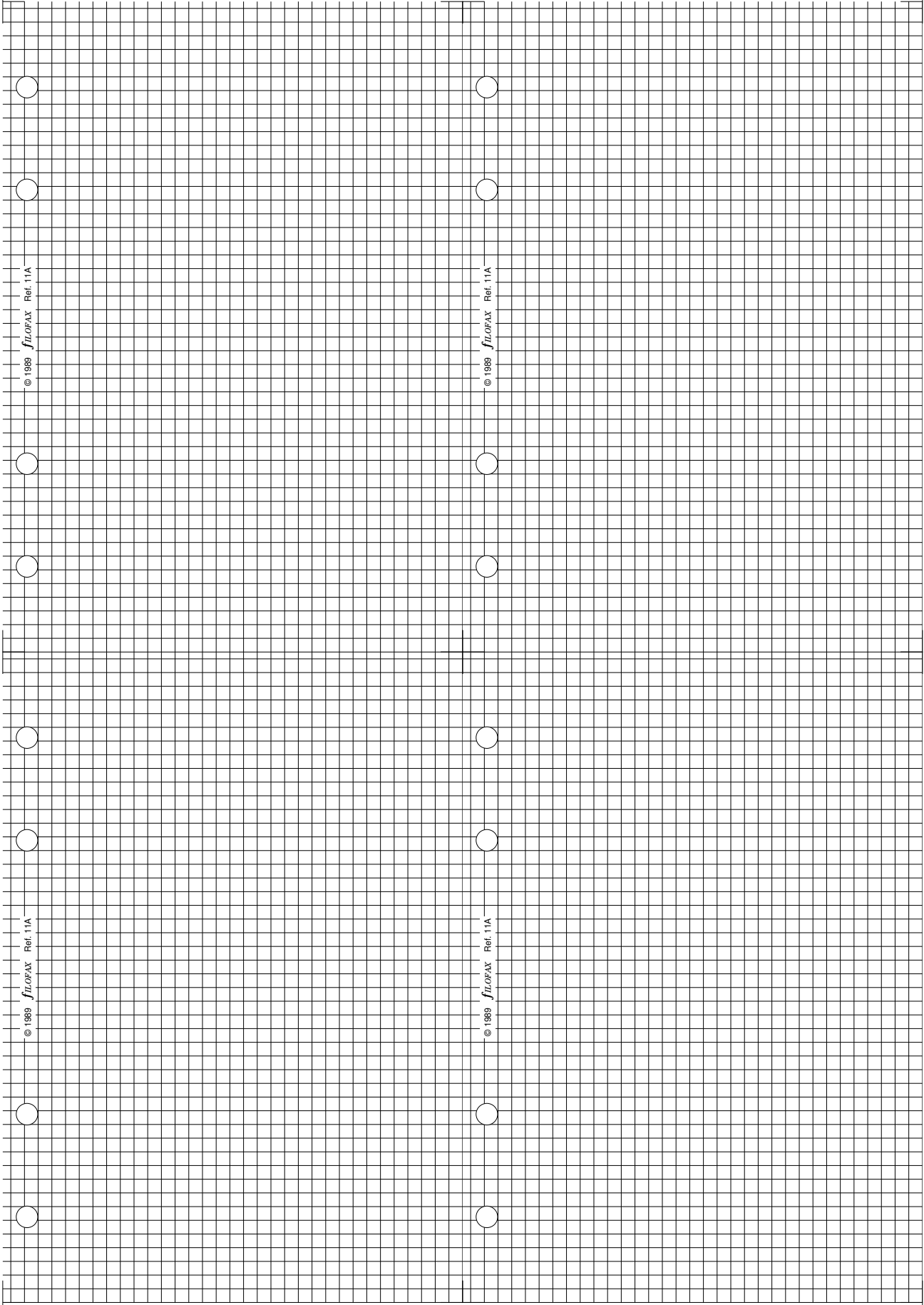
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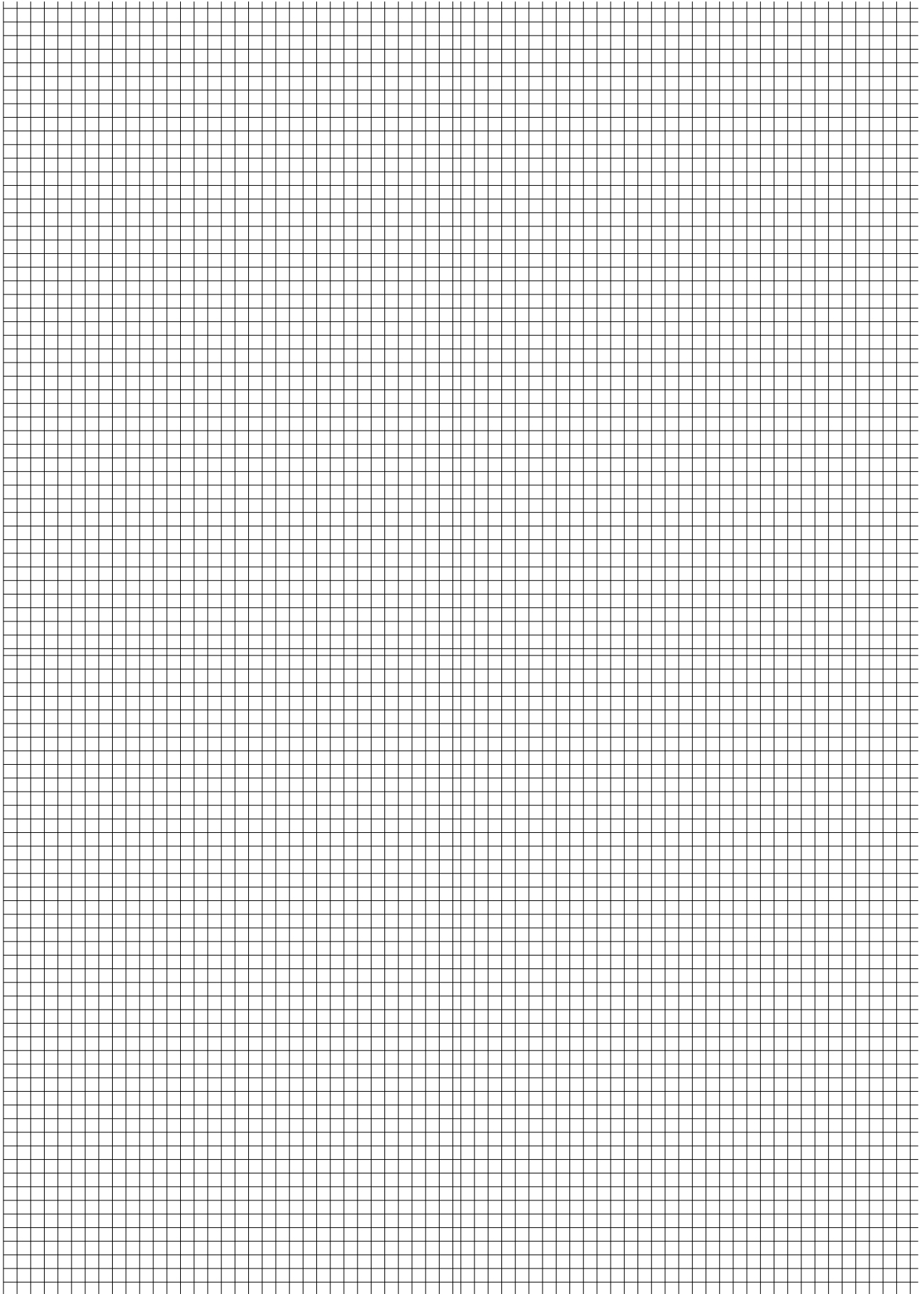


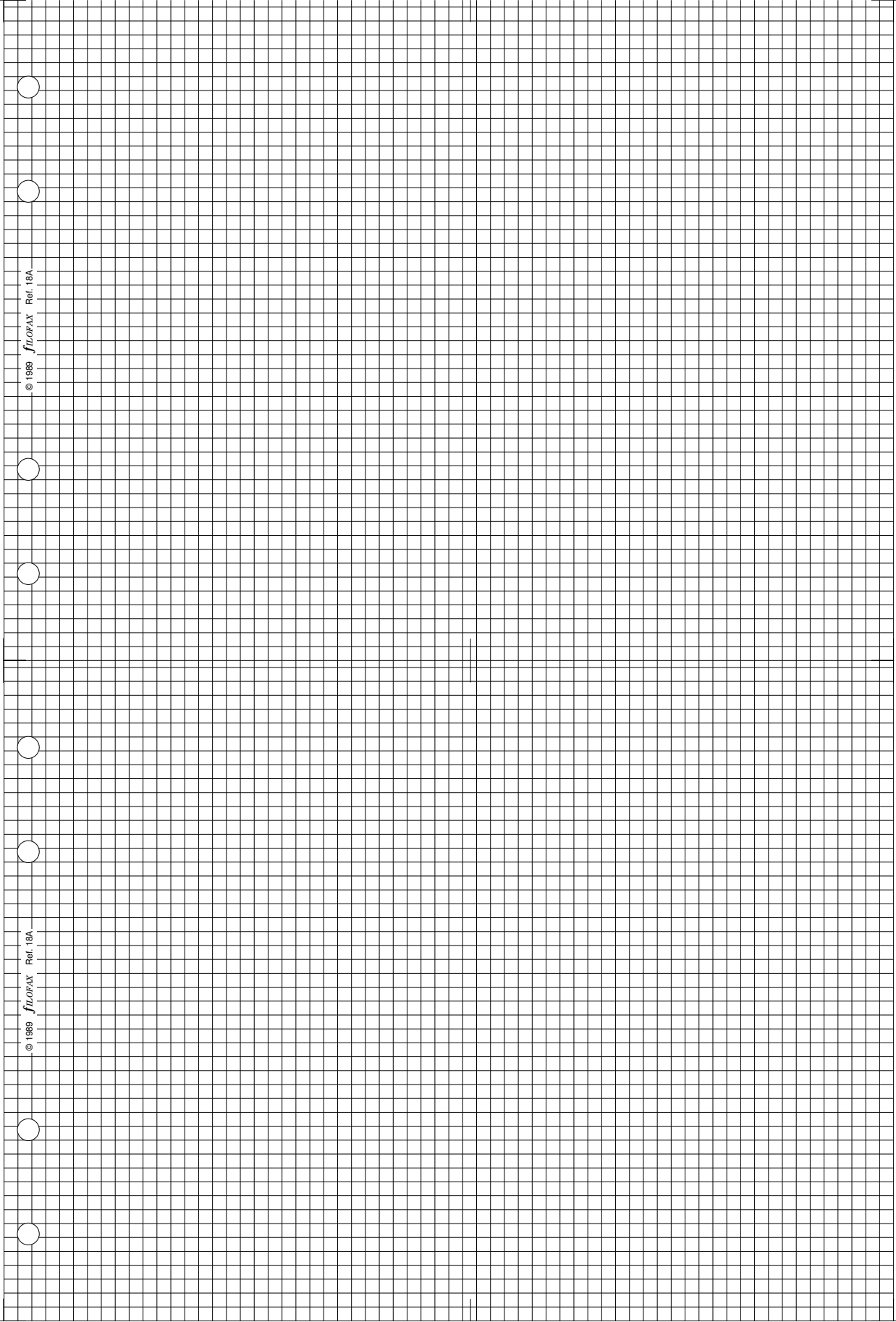
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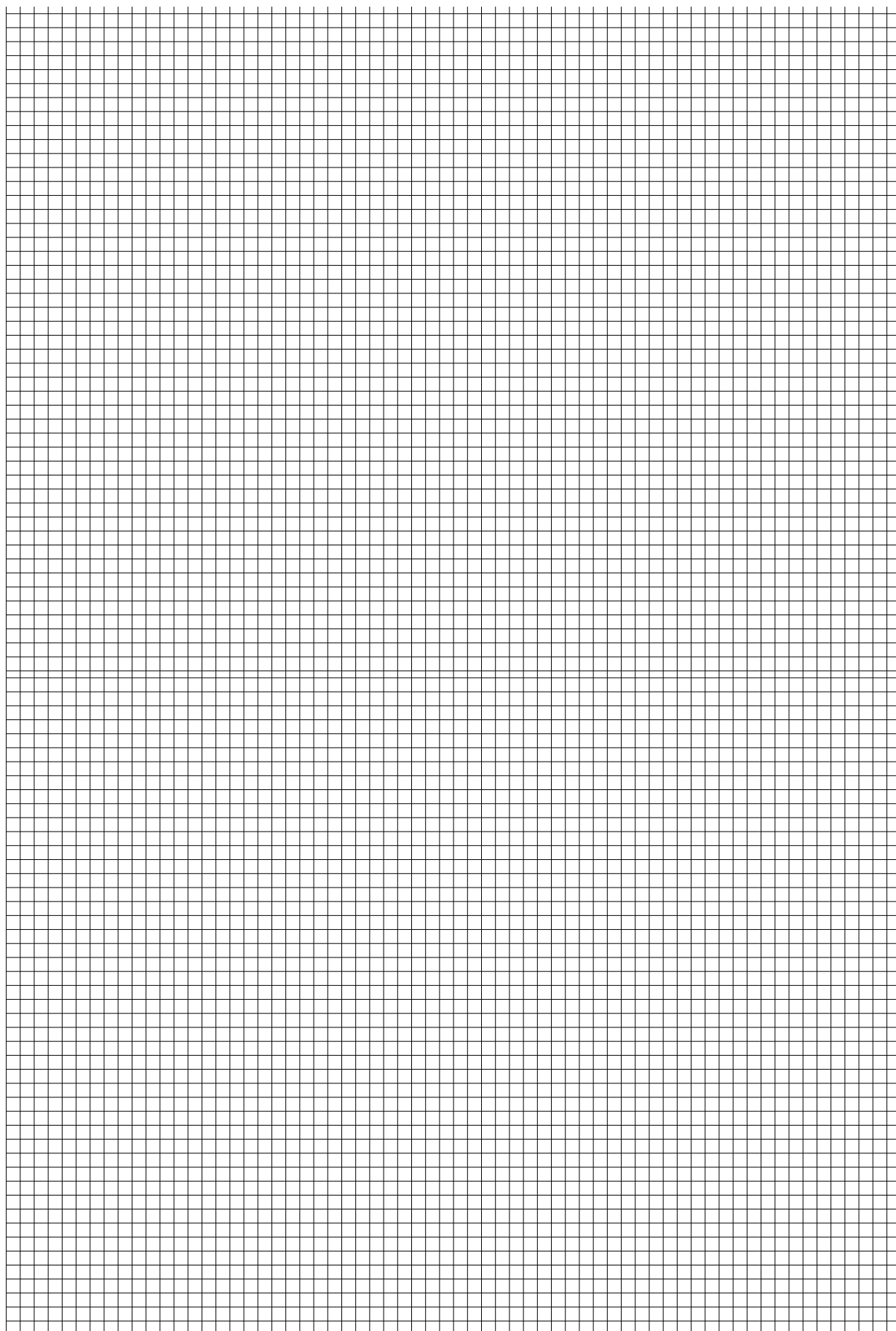




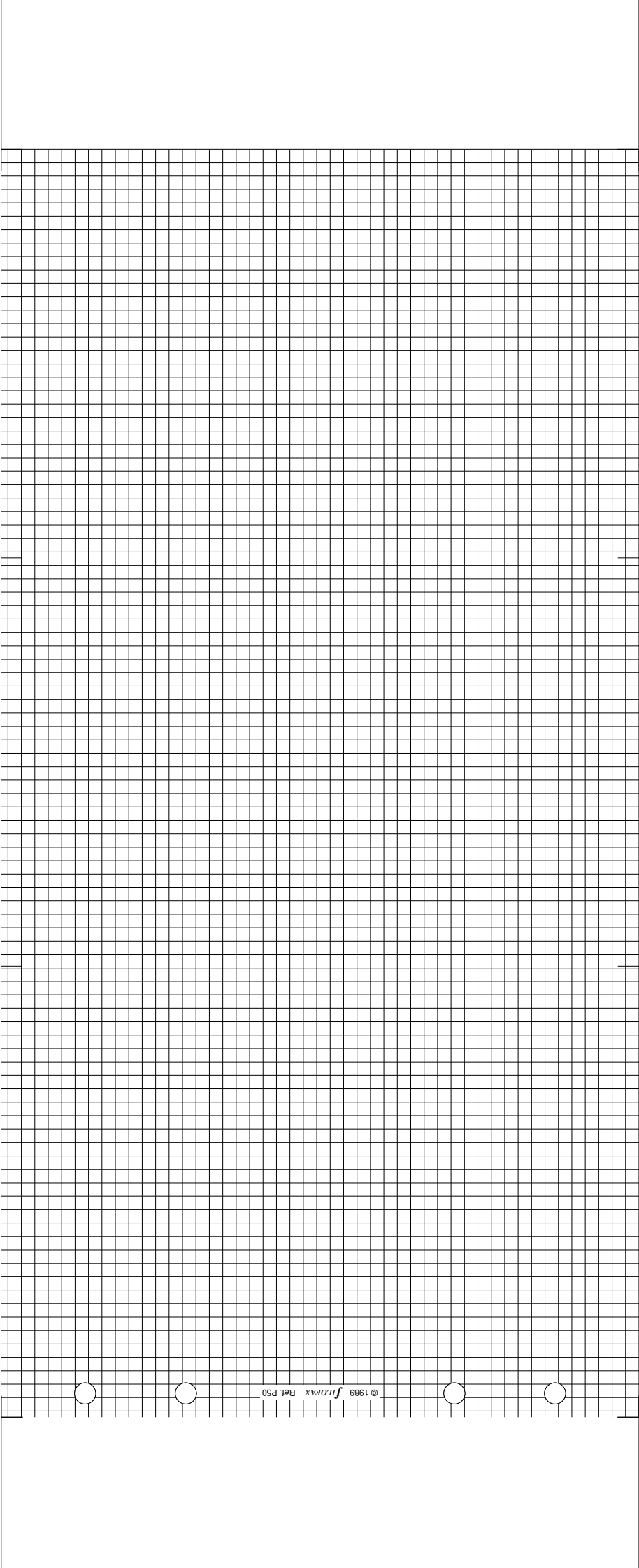


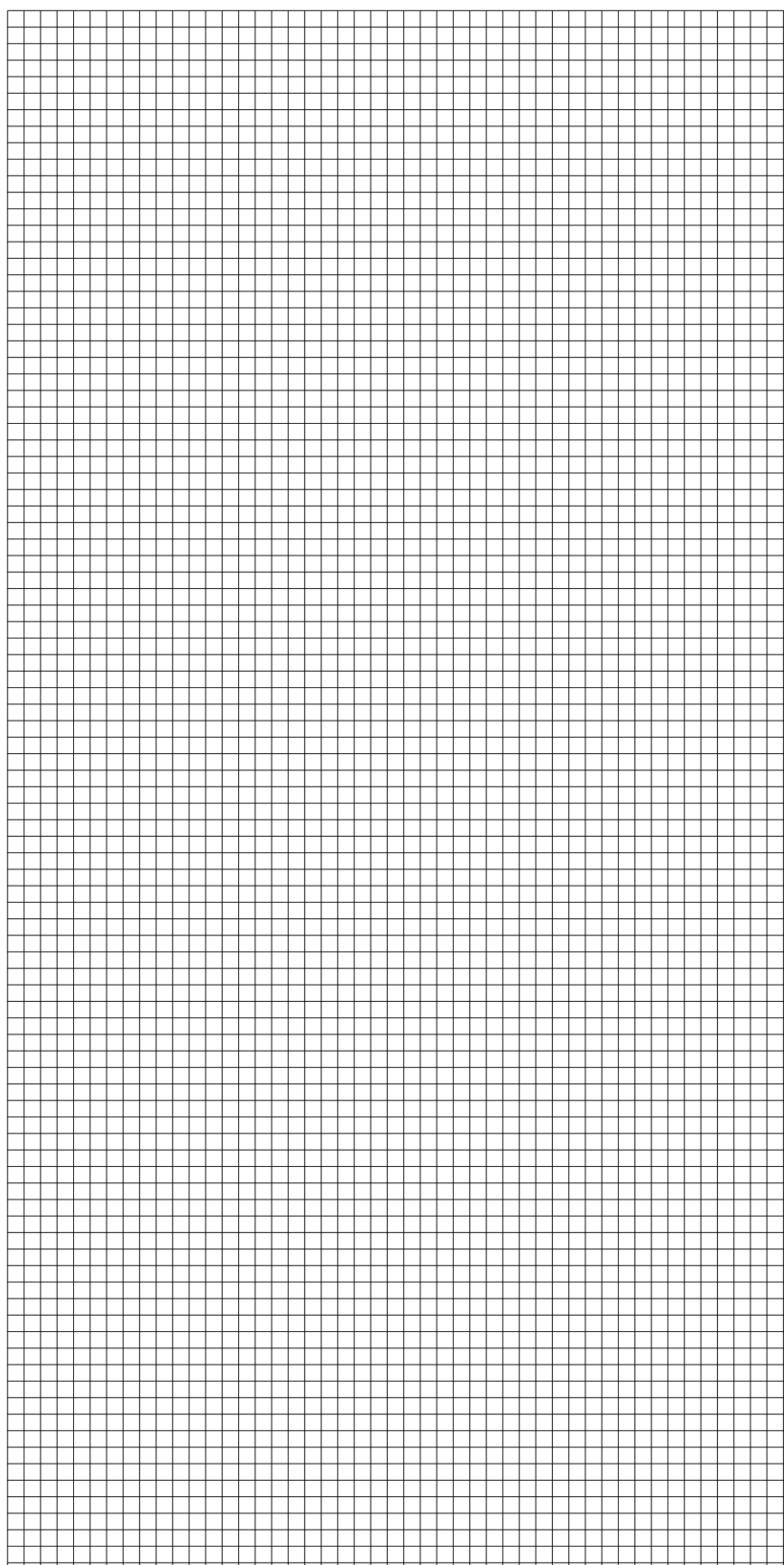


















Monthly Analysis

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|        |  |  |  |  |  |  |
| JAN    |  |  |  |  |  |  |
| FEB    |  |  |  |  |  |  |
| MAR    |  |  |  |  |  |  |
| APRIL  |  |  |  |  |  |  |
| MAY    |  |  |  |  |  |  |
| JUNE   |  |  |  |  |  |  |
| JULY   |  |  |  |  |  |  |
| AUG    |  |  |  |  |  |  |
| SEPT   |  |  |  |  |  |  |
| OCT    |  |  |  |  |  |  |
| NOV    |  |  |  |  |  |  |
| DEC    |  |  |  |  |  |  |
| TOTALS |  |  |  |  |  |  |

Monthly Analysis

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|        |  |  |  |  |  |  |
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| JULY   |  |  |  |  |  |  |
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| DEC    |  |  |  |  |  |  |
| TOTALS |  |  |  |  |  |  |

Monthly Analysis

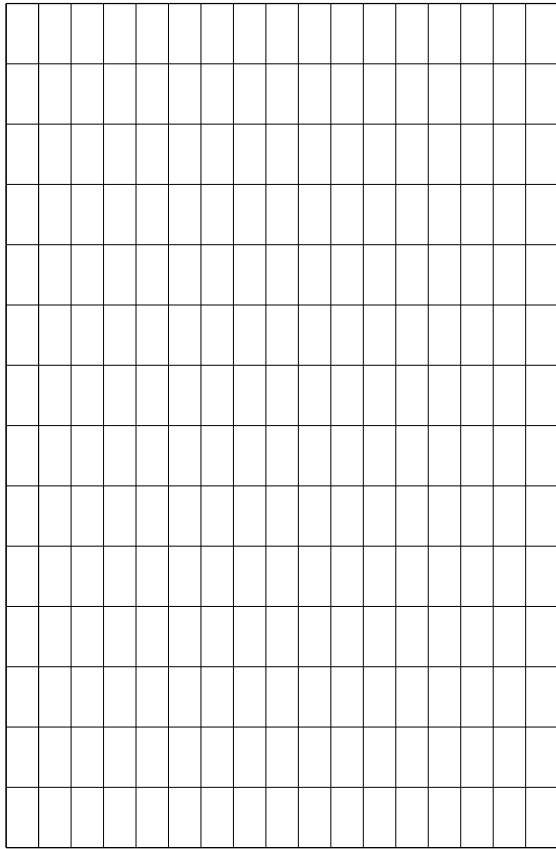
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| TOTALS |  |  |  |  |  |  |

Monthly Analysis

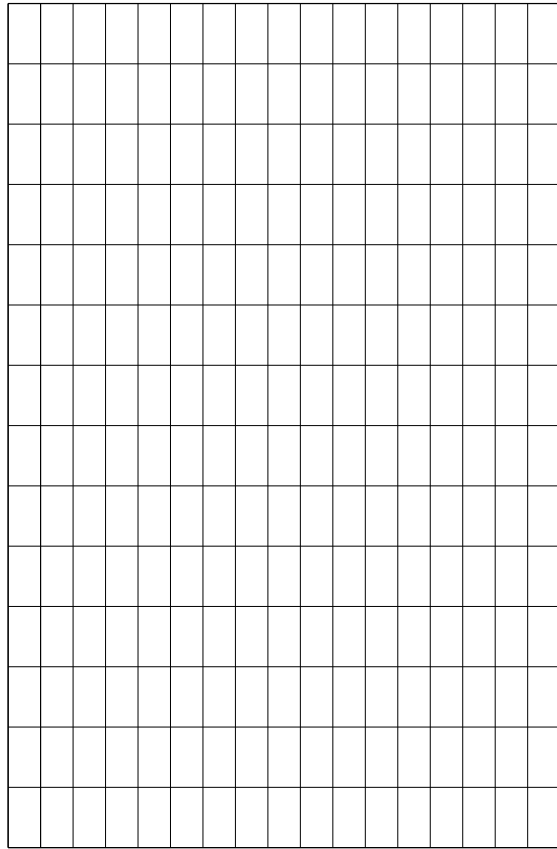
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| TOTALS |  |  |  |  |  |  |



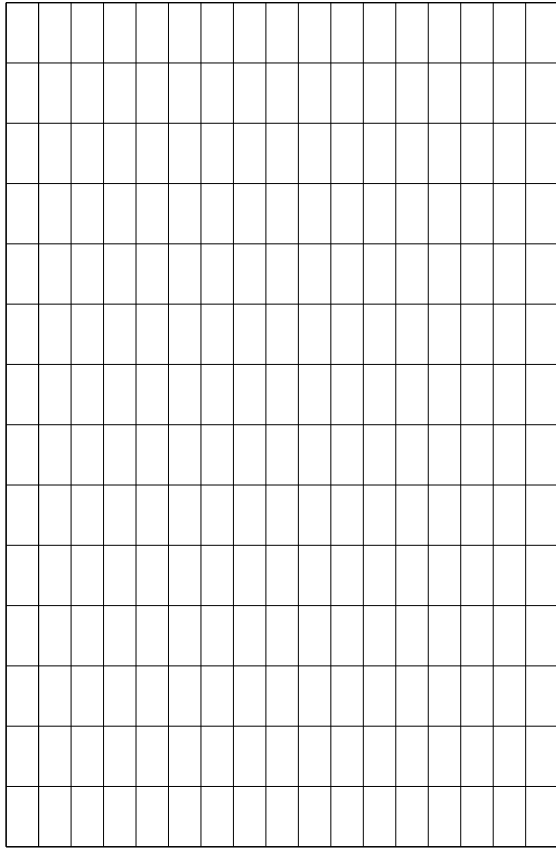
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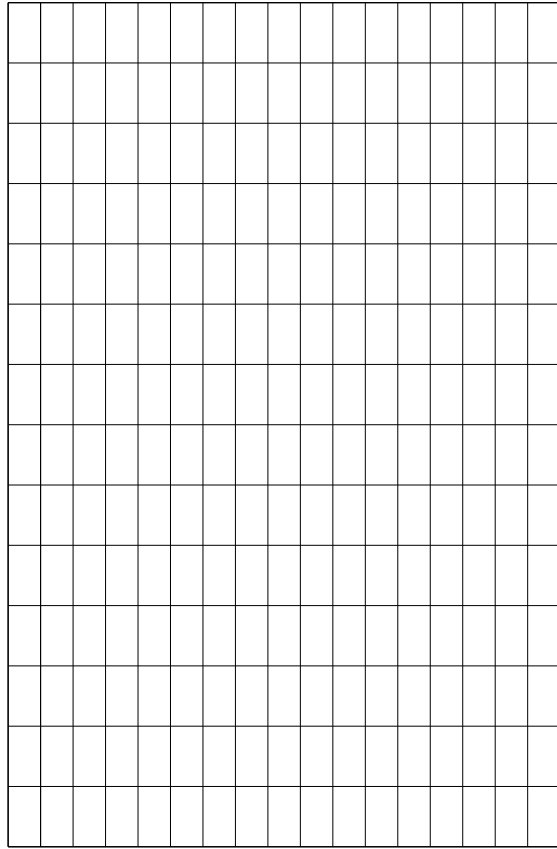
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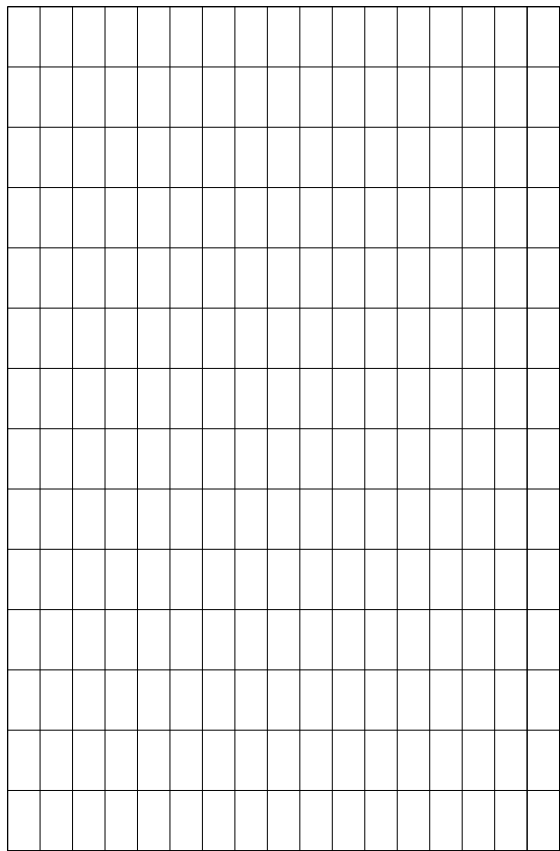
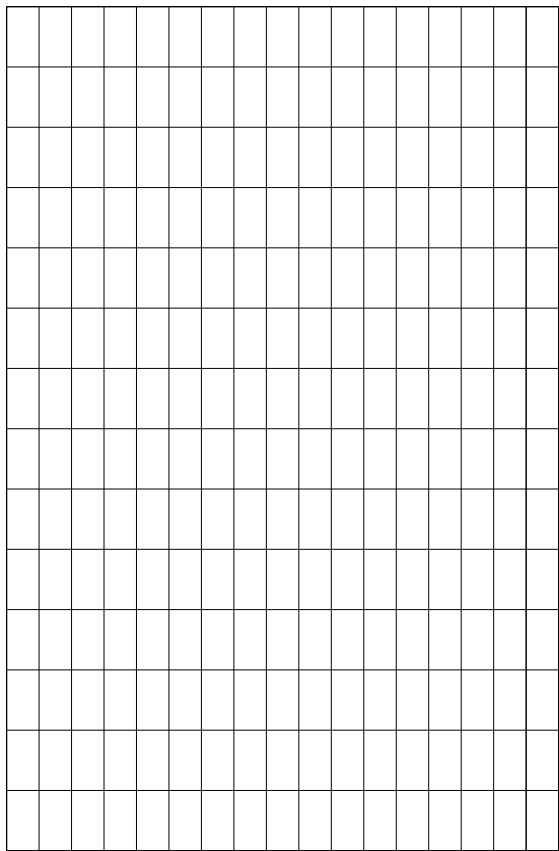
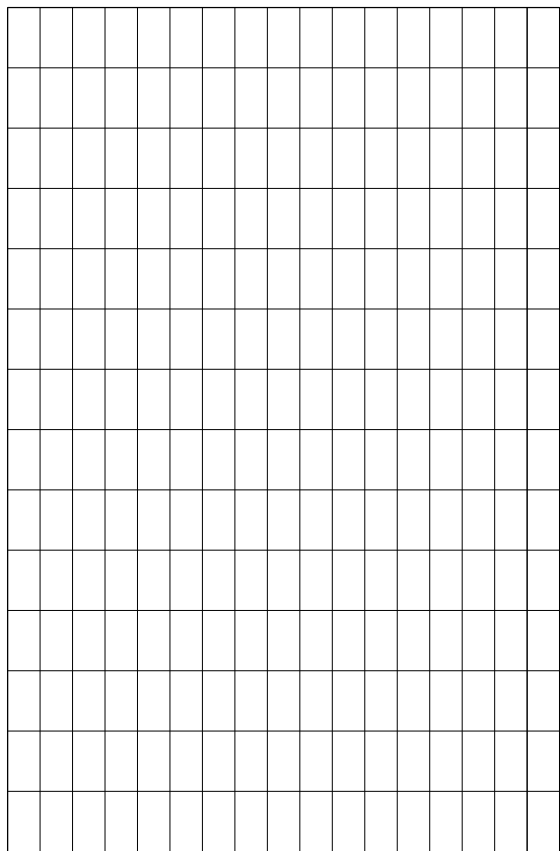
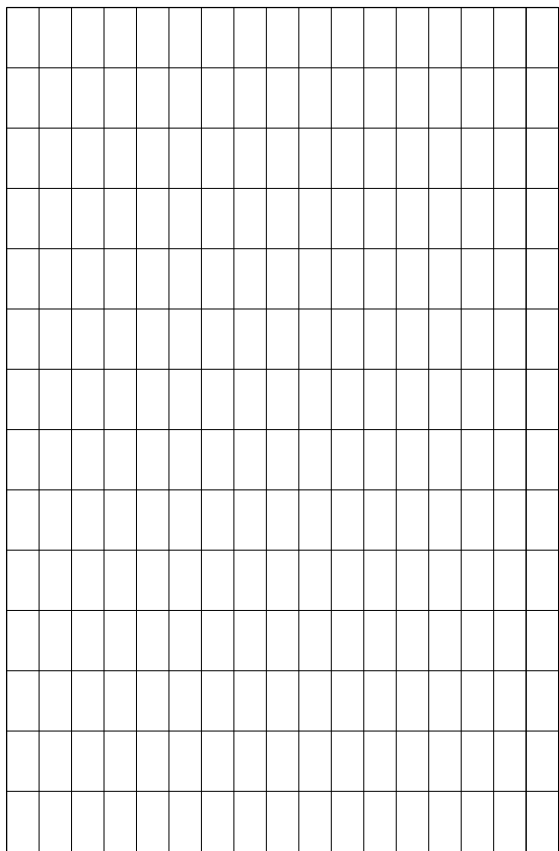


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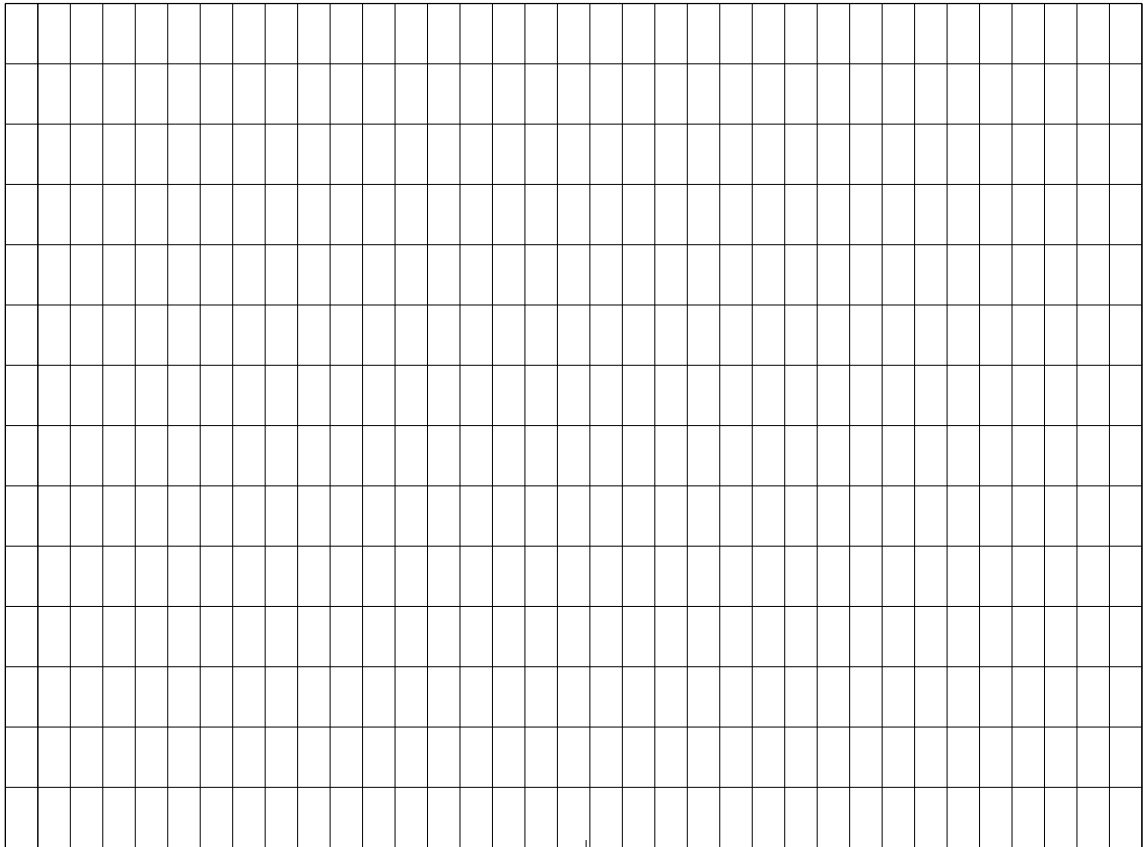
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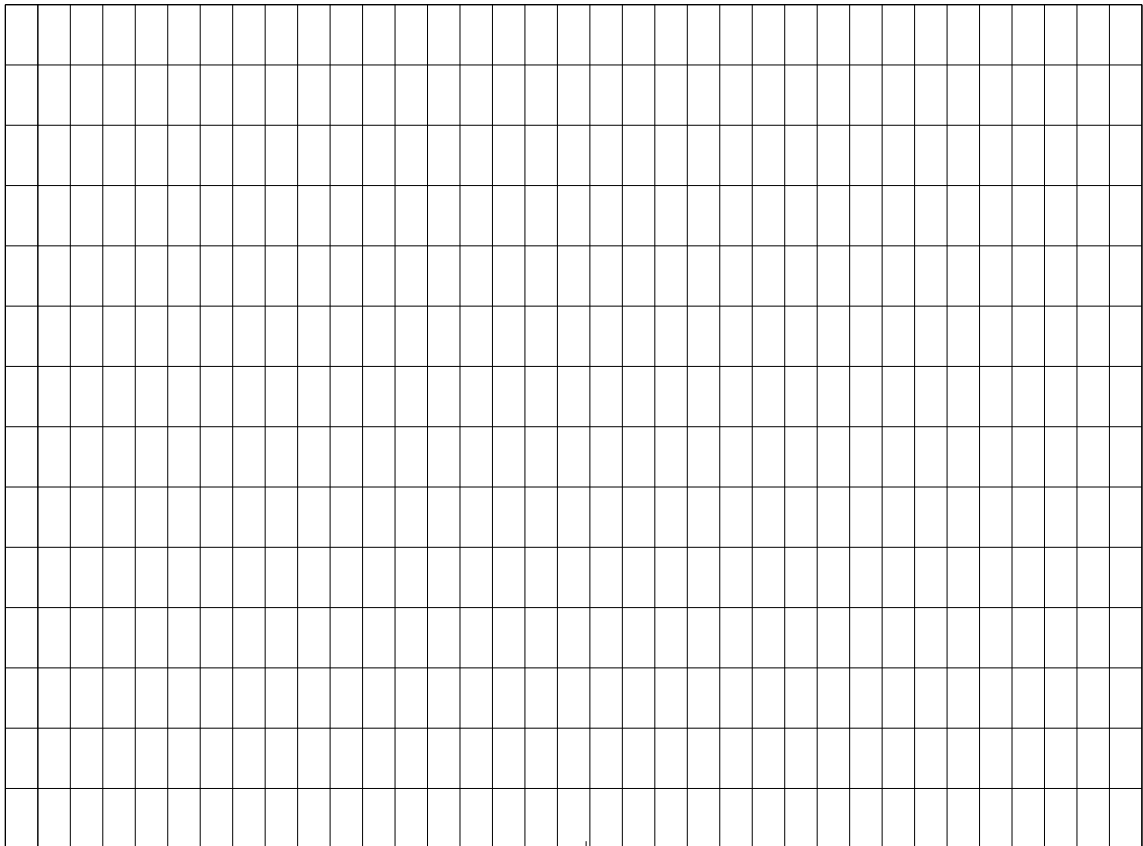




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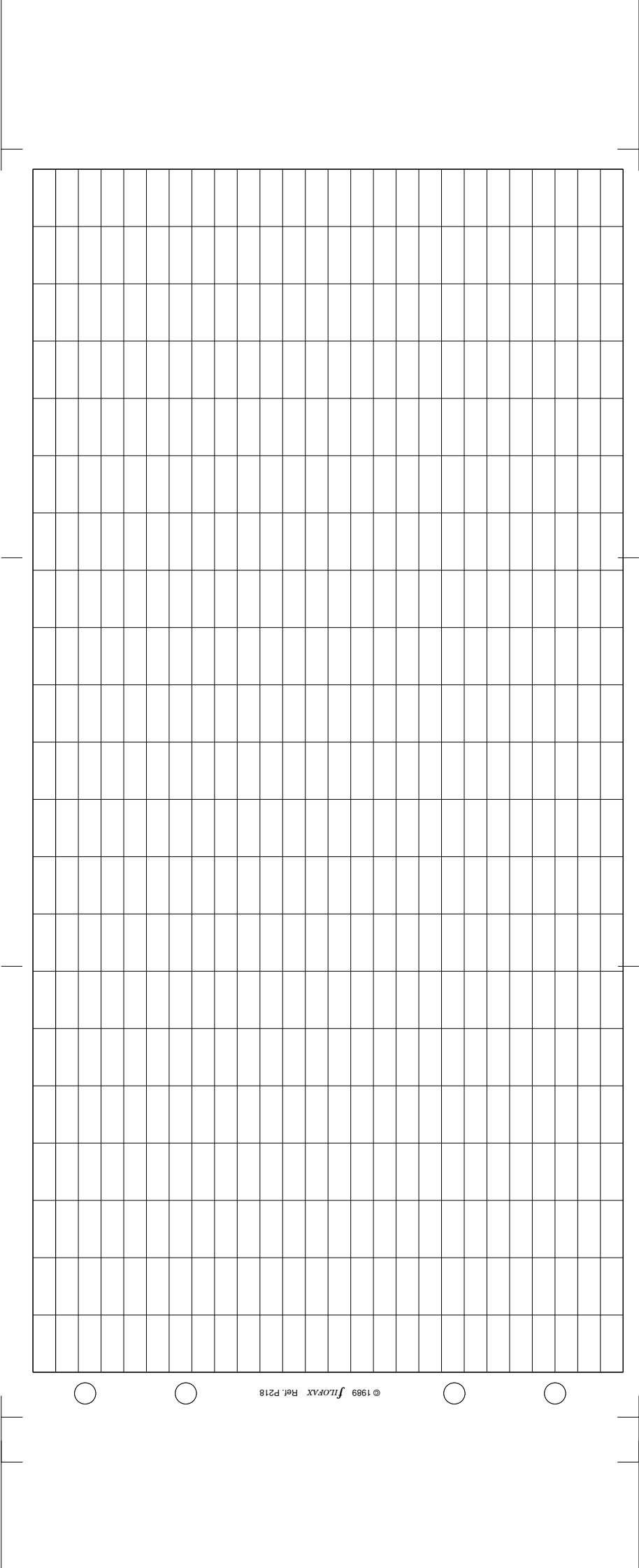
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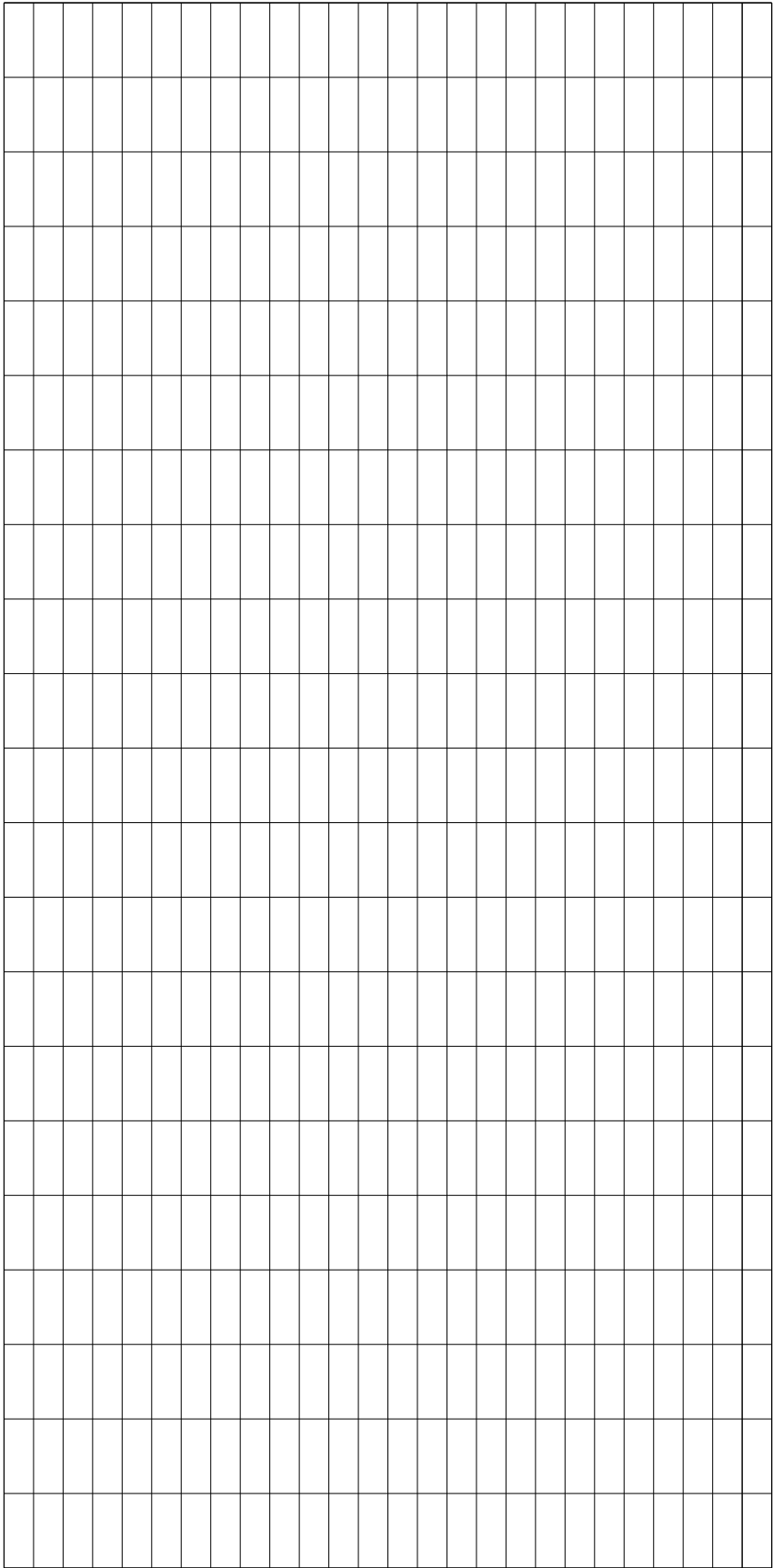




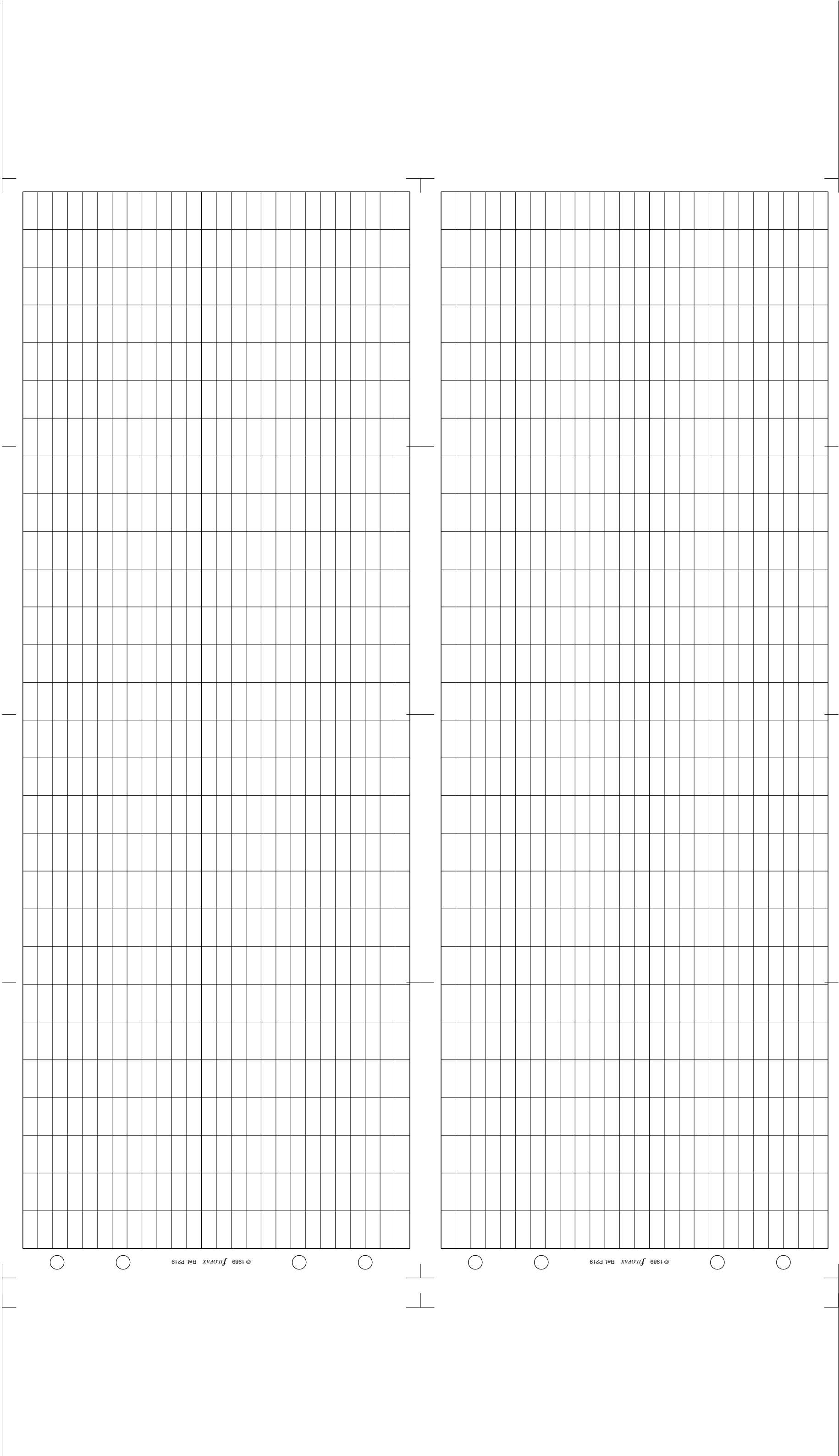






















Six Month Analysis

|    | January | February | March | April | May | June |
|----|---------|----------|-------|-------|-----|------|
| 1  |         |          |       |       |     |      |
| 2  |         |          |       |       |     |      |
| 3  |         |          |       |       |     |      |
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| 27 |         |          |       |       |     |      |
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| 29 |         |          |       |       |     |      |
| 30 |         |          |       |       |     |      |
| 31 |         |          |       |       |     |      |
| T  |         |          |       |       |     |      |

Six Month Analysis

|    | January | February | March | April | May | June |
|----|---------|----------|-------|-------|-----|------|
| 1  |         |          |       |       |     |      |
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| 30 |         |          |       |       |     |      |
| 31 |         |          |       |       |     |      |
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Six Month Analysis

|    | January | February | March | April | May | June |
|----|---------|----------|-------|-------|-----|------|
| 1  |         |          |       |       |     |      |
| 2  |         |          |       |       |     |      |
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| 31 |         |          |       |       |     |      |
| T  |         |          |       |       |     |      |

Six Month Analysis

|    | January | February | March | April | May | June |
|----|---------|----------|-------|-------|-----|------|
| 1  |         |          |       |       |     |      |
| 2  |         |          |       |       |     |      |
| 3  |         |          |       |       |     |      |
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| 30 |         |          |       |       |     |      |
| 31 |         |          |       |       |     |      |
| T  |         |          |       |       |     |      |

Six Month Analysis

|    | July | August | September | October | November | December |
|----|------|--------|-----------|---------|----------|----------|
| 1  |      |        |           |         |          |          |
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| 18 |      |        |           |         |          |          |
| 19 |      |        |           |         |          |          |
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| 21 |      |        |           |         |          |          |
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| 27 |      |        |           |         |          |          |
| 28 |      |        |           |         |          |          |
| 29 |      |        |           |         |          |          |
| 30 |      |        |           |         |          |          |
| 31 |      |        |           |         |          |          |
| T  |      |        |           |         |          |          |

Six Month Analysis

|    | July | August | September | October | November | December |
|----|------|--------|-----------|---------|----------|----------|
| 1  |      |        |           |         |          |          |
| 2  |      |        |           |         |          |          |
| 3  |      |        |           |         |          |          |
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| 29 |      |        |           |         |          |          |
| 30 |      |        |           |         |          |          |
| 31 |      |        |           |         |          |          |
| T  |      |        |           |         |          |          |

Six Month Analysis

|    | July | August | September | October | November | December |
|----|------|--------|-----------|---------|----------|----------|
| 1  |      |        |           |         |          |          |
| 2  |      |        |           |         |          |          |
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| 29 |      |        |           |         |          |          |
| 30 |      |        |           |         |          |          |
| 31 |      |        |           |         |          |          |
| T  |      |        |           |         |          |          |

Six Month Analysis

|    | July | August | September | October | November | December |
|----|------|--------|-----------|---------|----------|----------|
| 1  |      |        |           |         |          |          |
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| 27 |      |        |           |         |          |          |
| 28 |      |        |           |         |          |          |
| 29 |      |        |           |         |          |          |
| 30 |      |        |           |         |          |          |
| 31 |      |        |           |         |          |          |
| T  |      |        |           |         |          |          |







## Double Cash Journal

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### Double Cash Journal

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### **Double Cash Journal**

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### Double Cash Journal

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### Double Cash Journal

[illegible]

### Double Cash Journal

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### Double Cash Journal

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## Double Cash Journal

[illegible]

### Single Cash Ledger

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### Single Cash Ledger

[illegible]

### Single Cash Ledger

[illegible]

### Single Cash Ledger

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### Single Cash Ledger

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### Single Cash Journal

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### Single Cash Journal

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### Single Cash Journal

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[illegible]© 1989 *fiLOFAX* Ref. P156D[illegible]



[illegible]©1989 *fiLOFAX* Ref. P211[illegible]©1989 *fiLOFAX* Ref. P211

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[illegible]

## Personal Expenses

[illegible]

## Personal Expenses

[illegible]

## Personal Expenses

[illegible]

## Personal Expenses

[illegible]











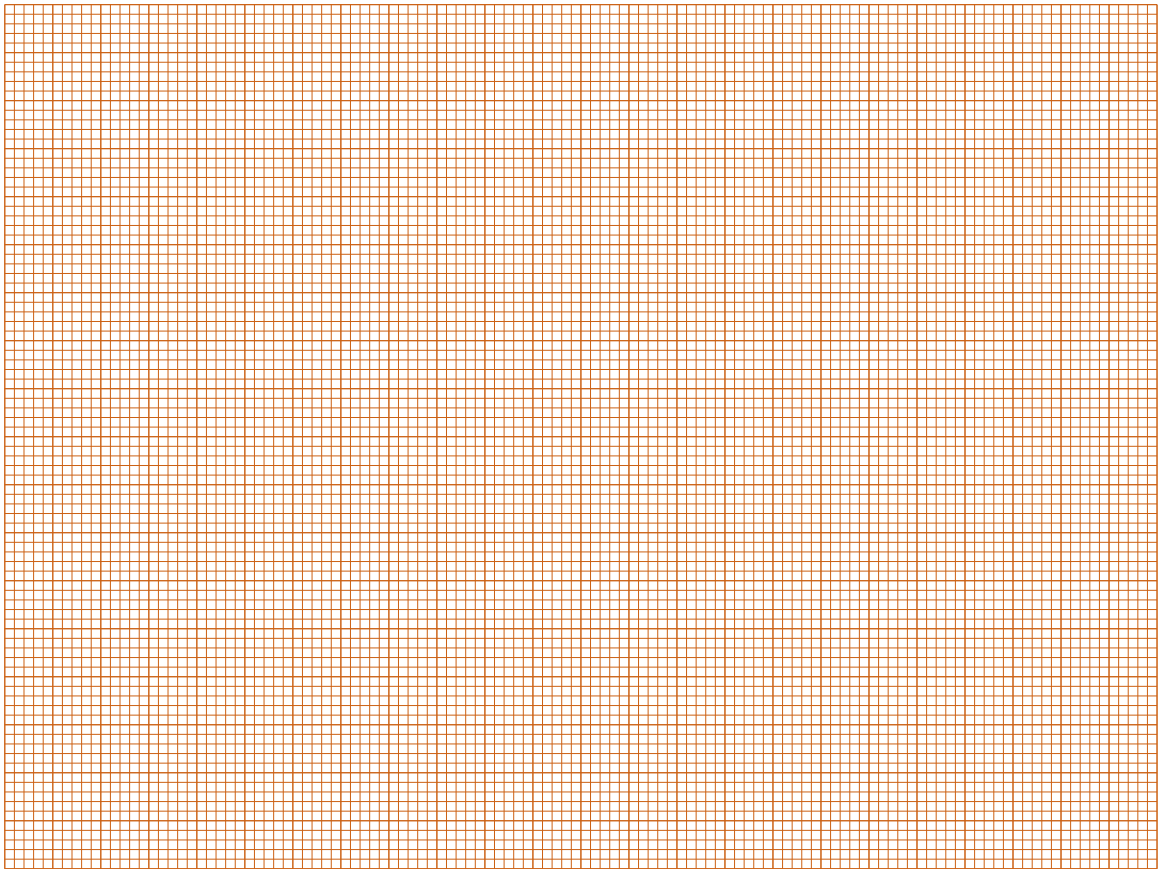
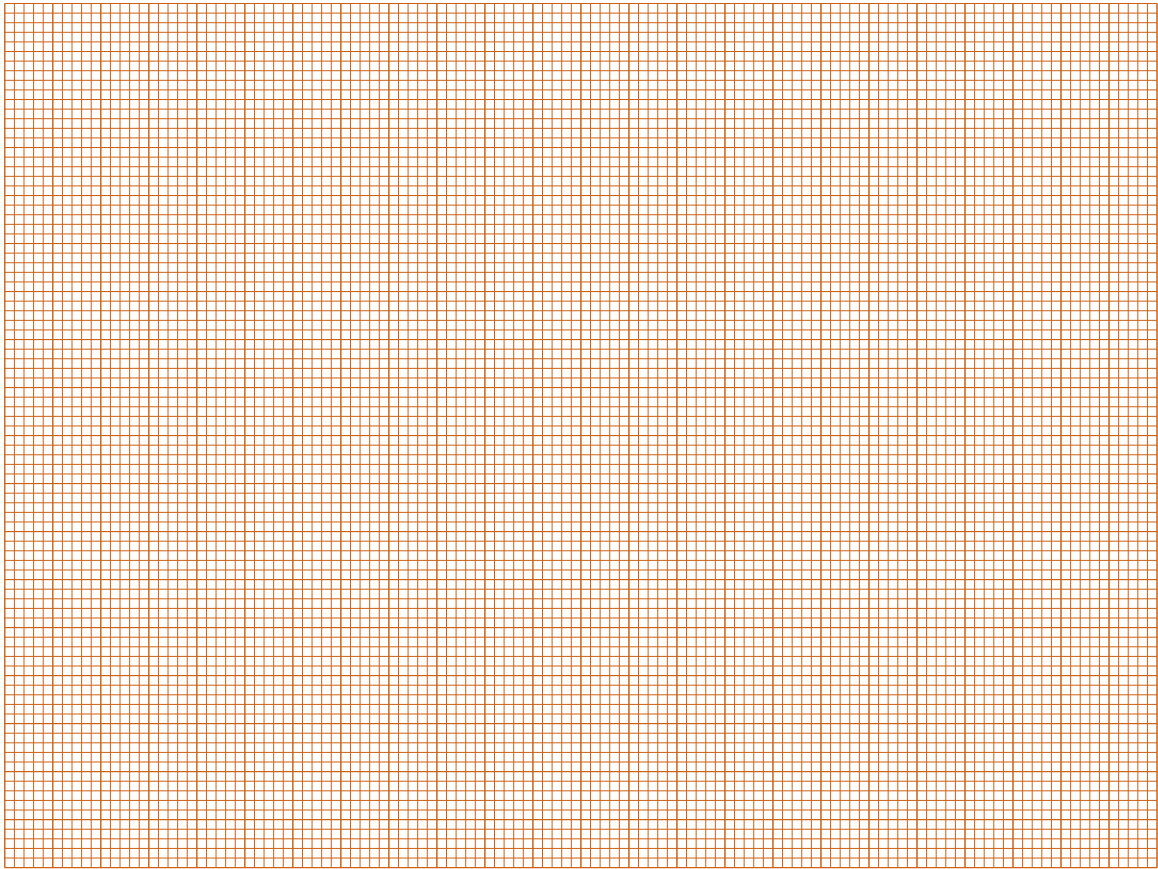


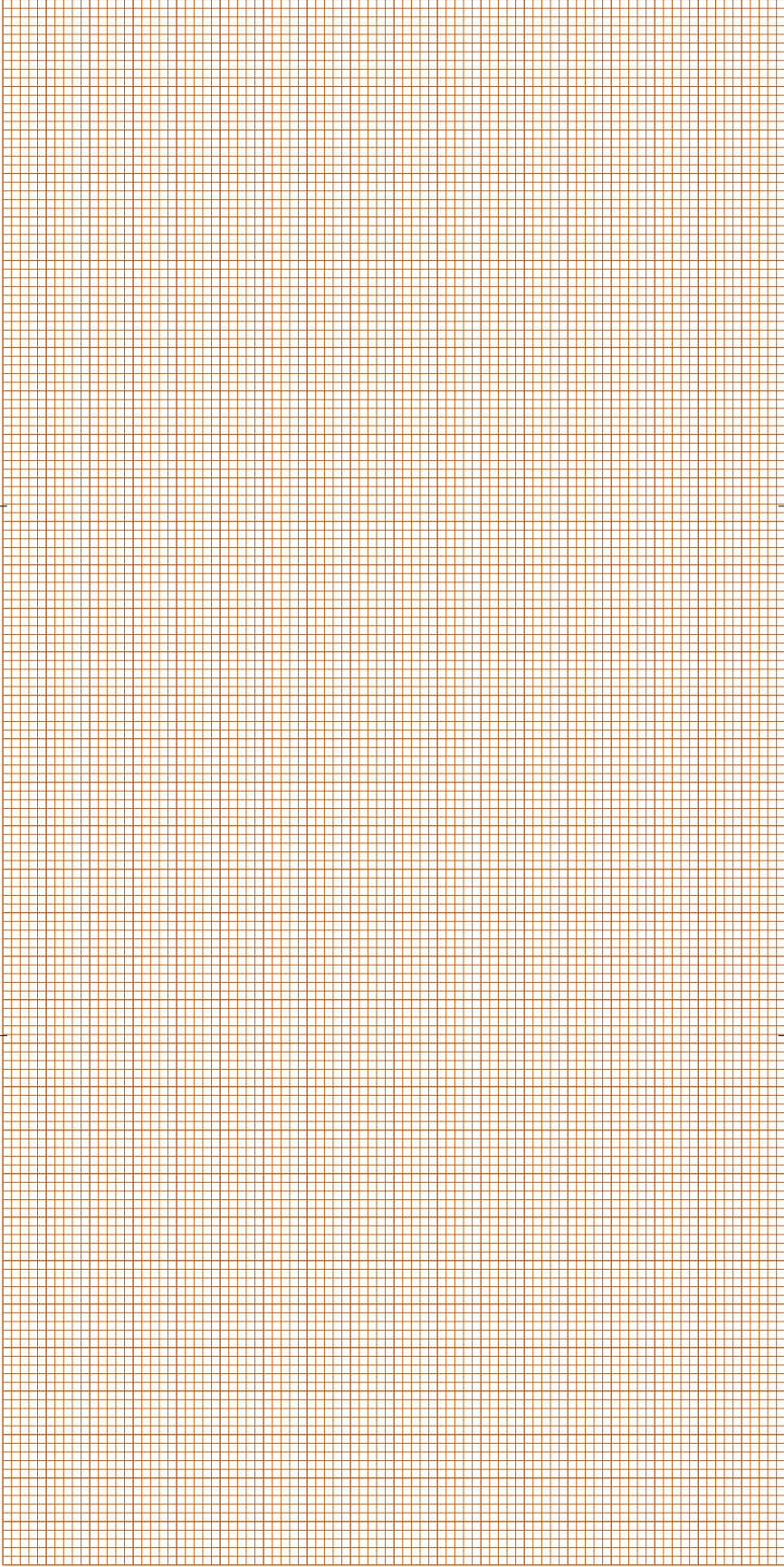
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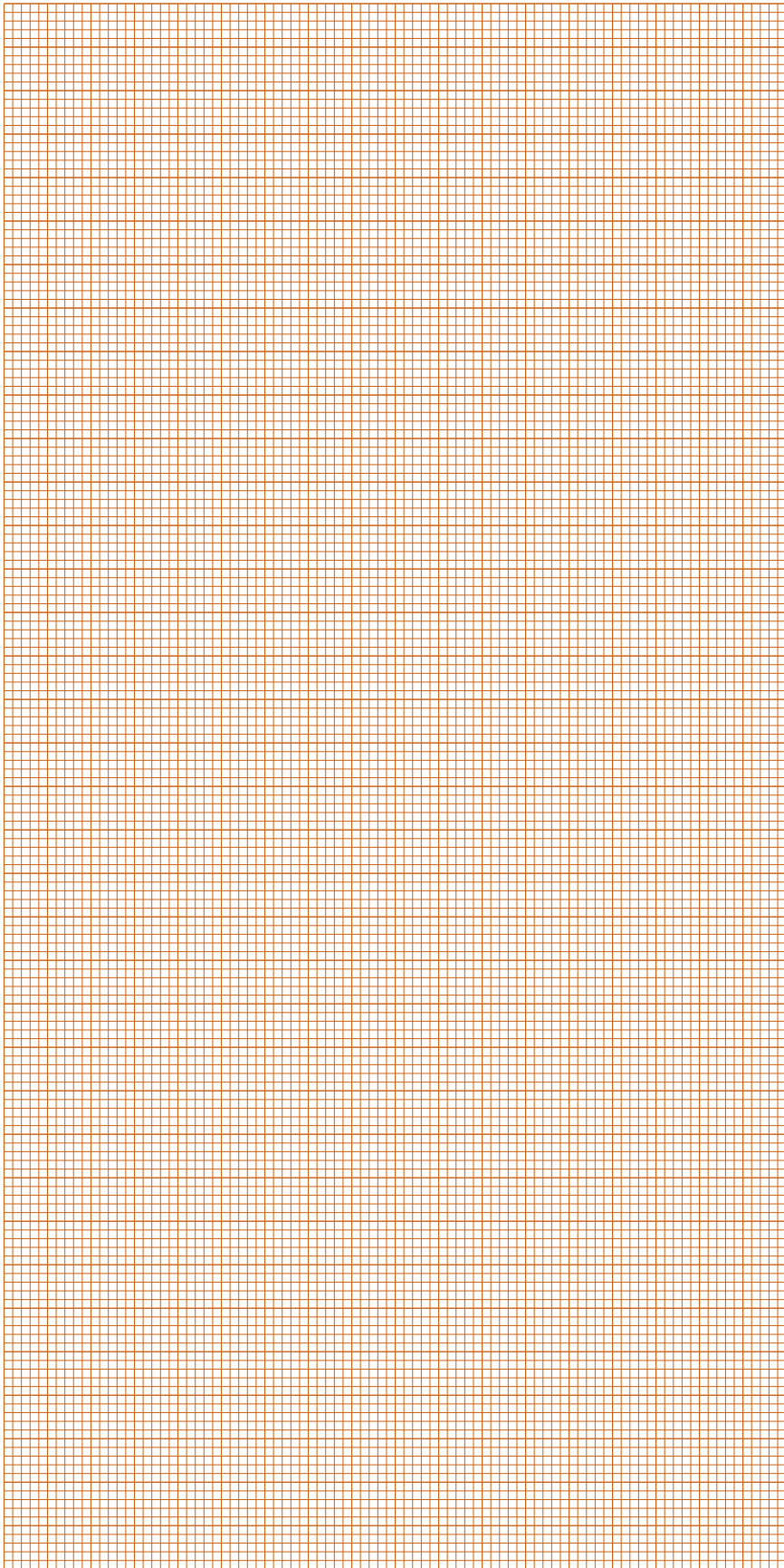


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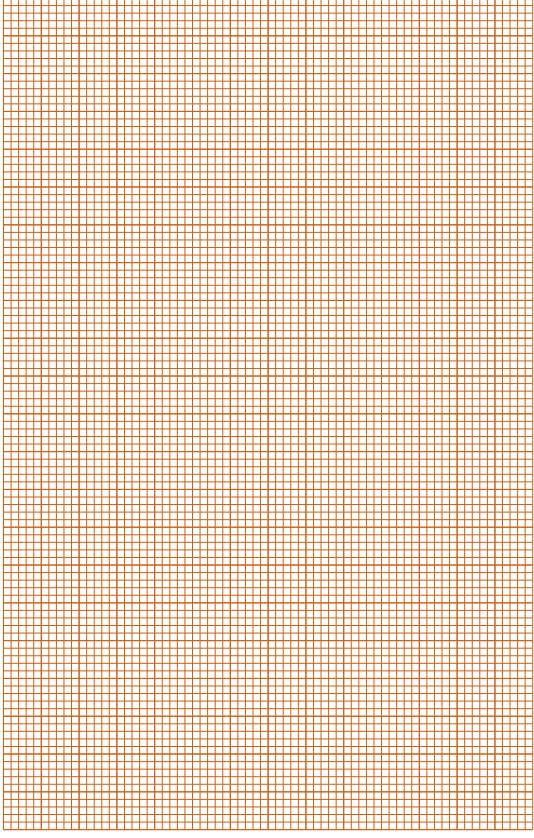
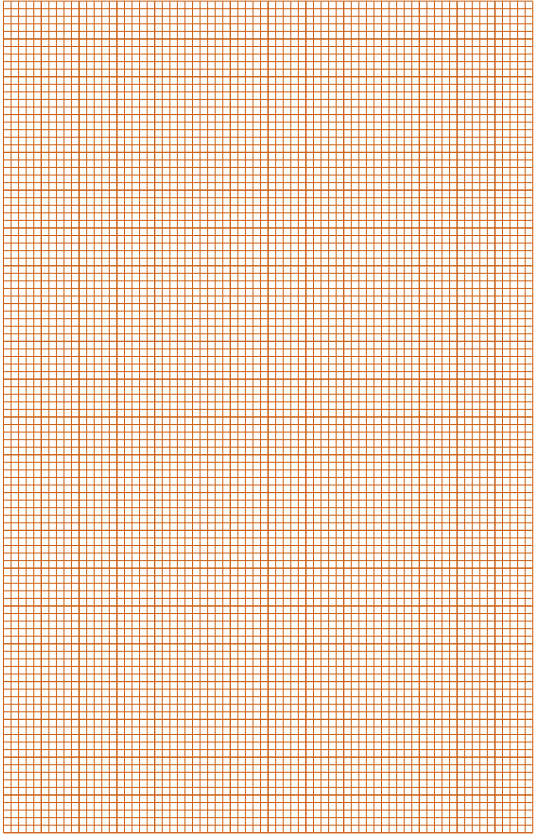
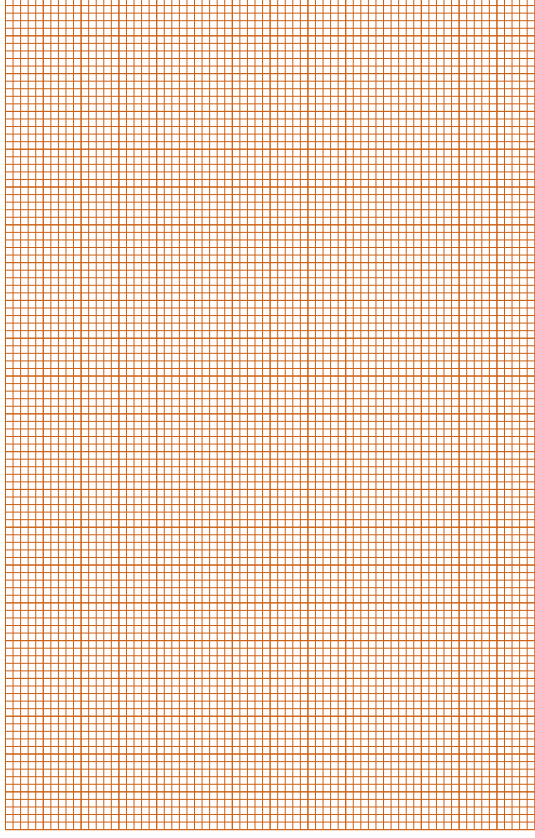
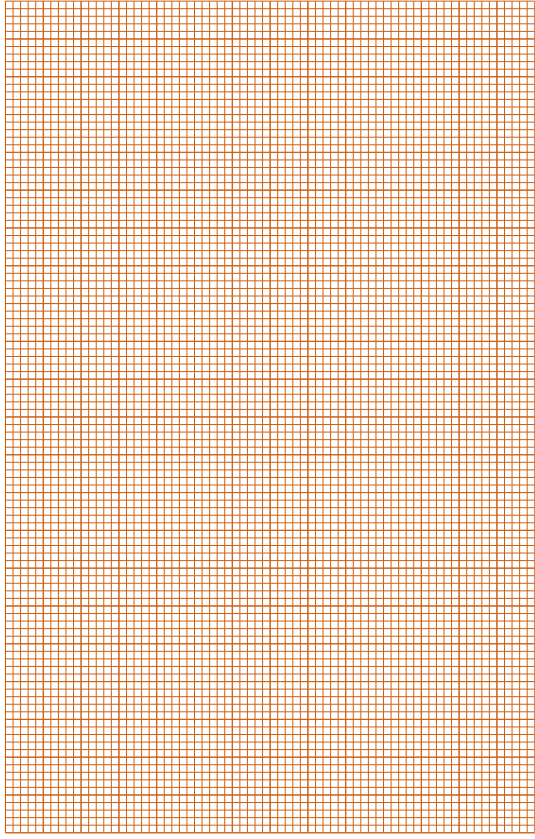


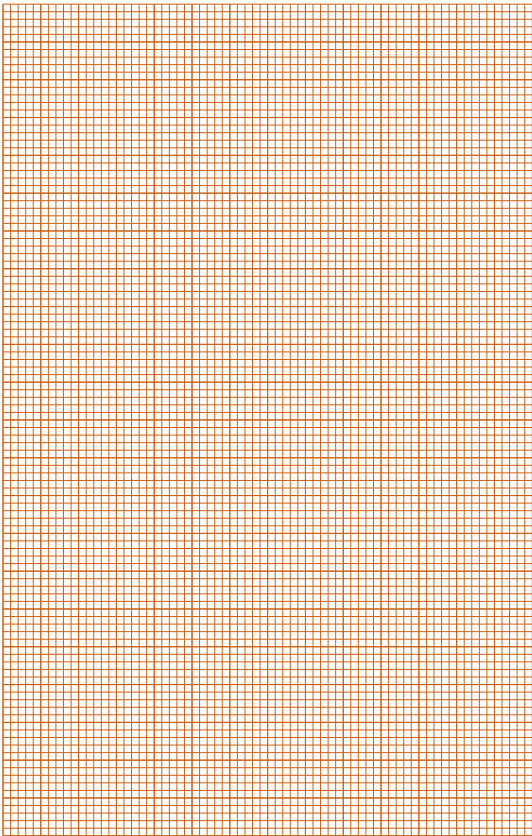
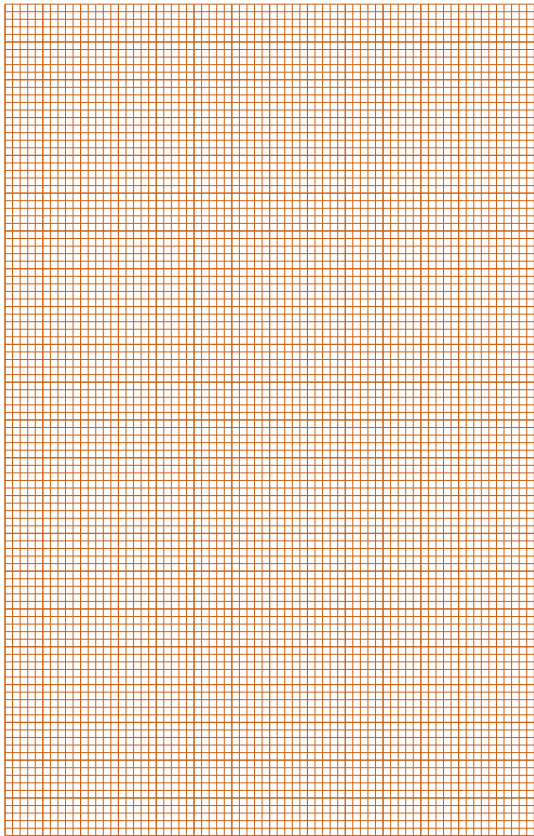
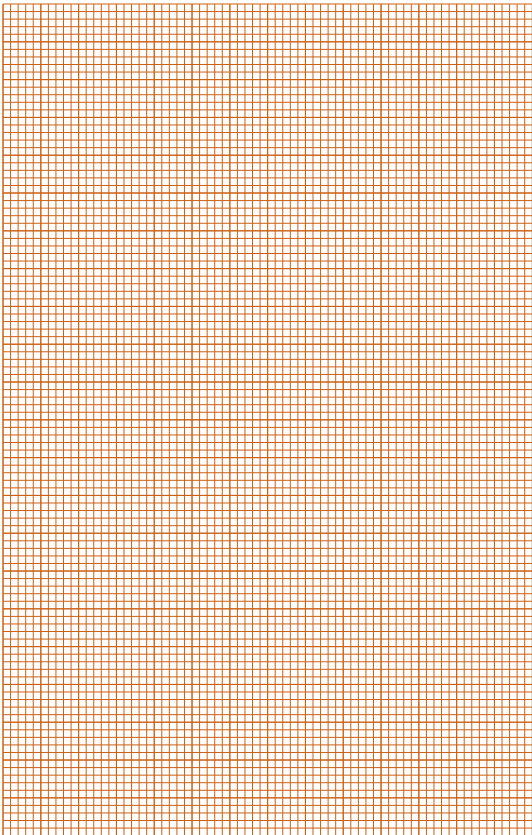
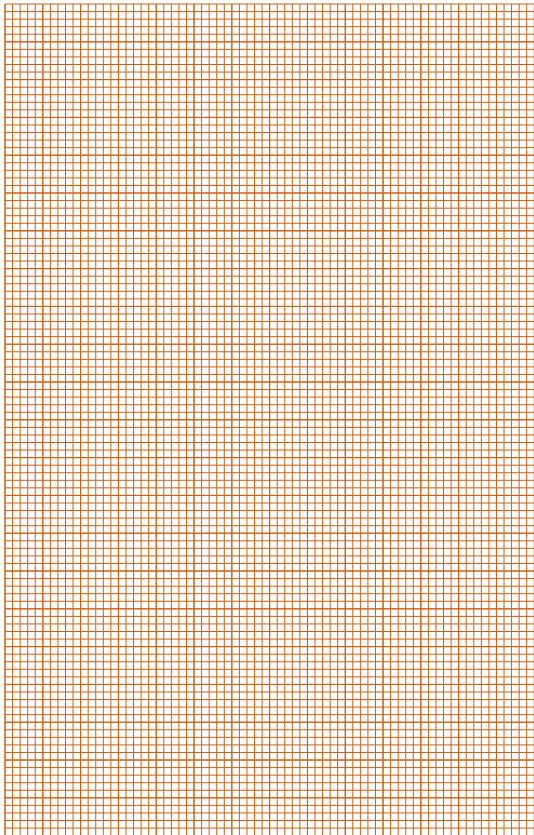






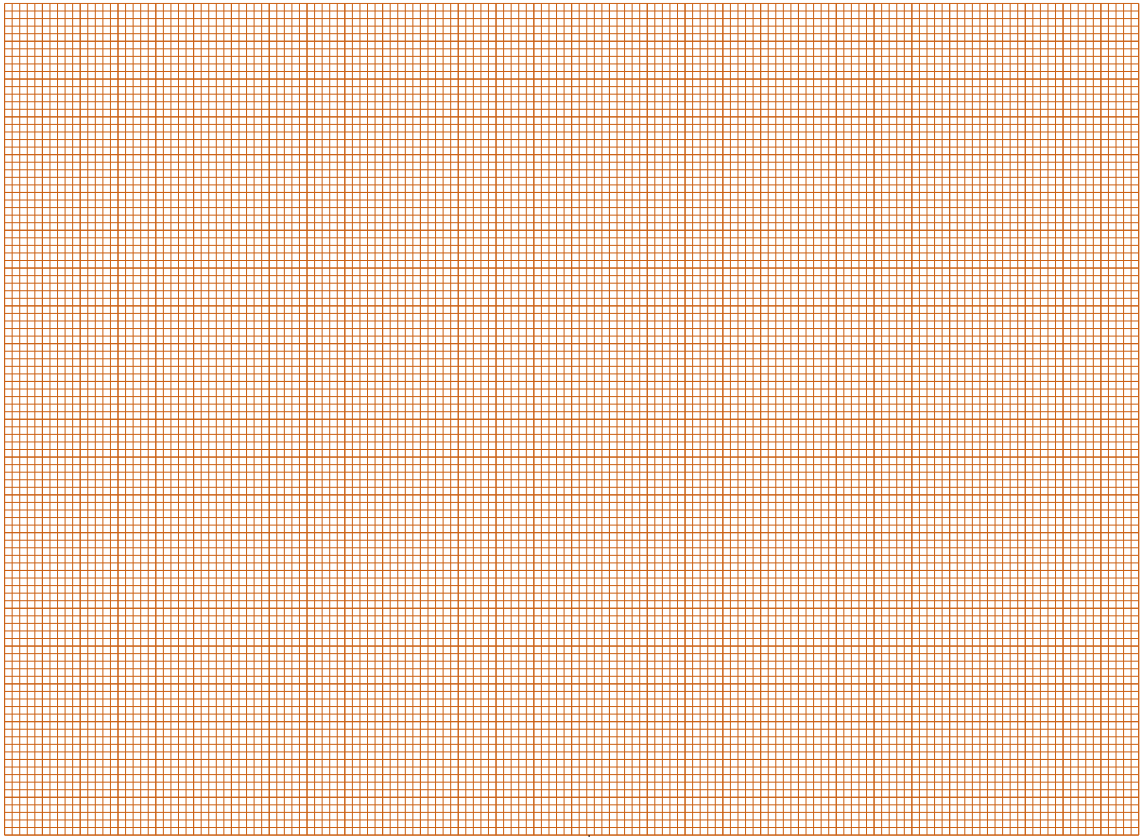




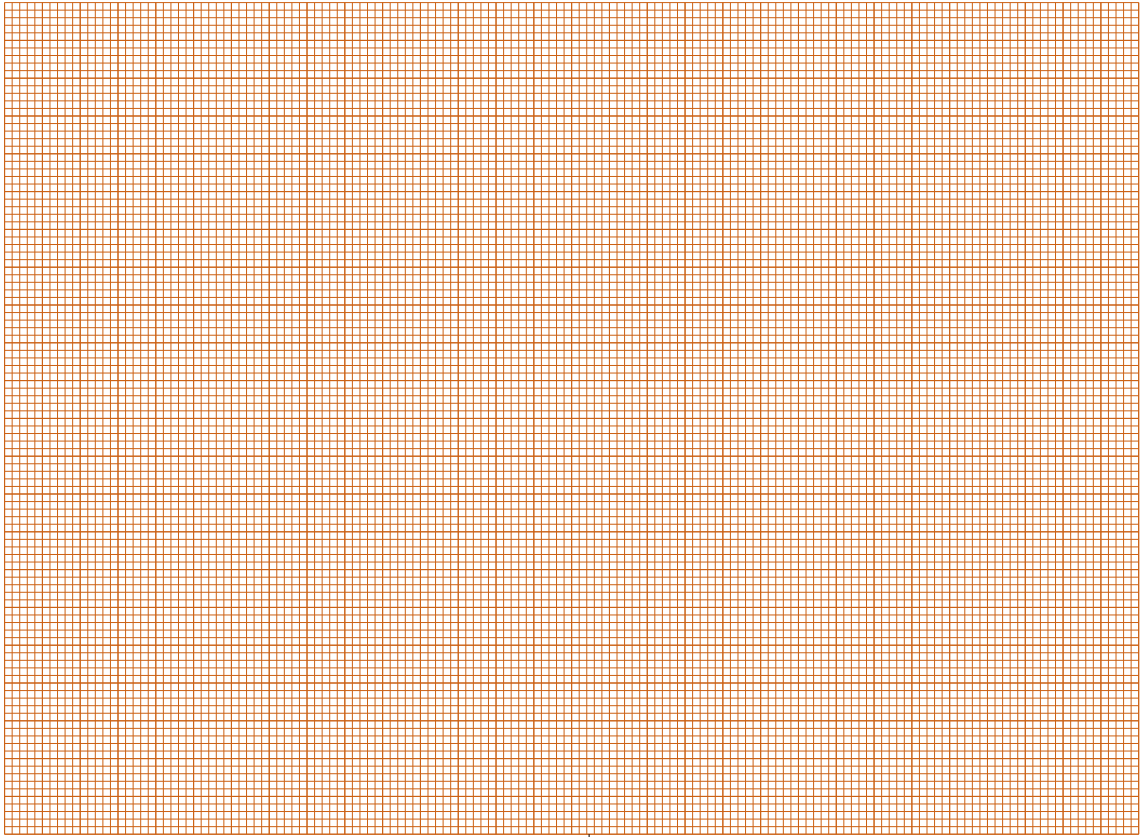


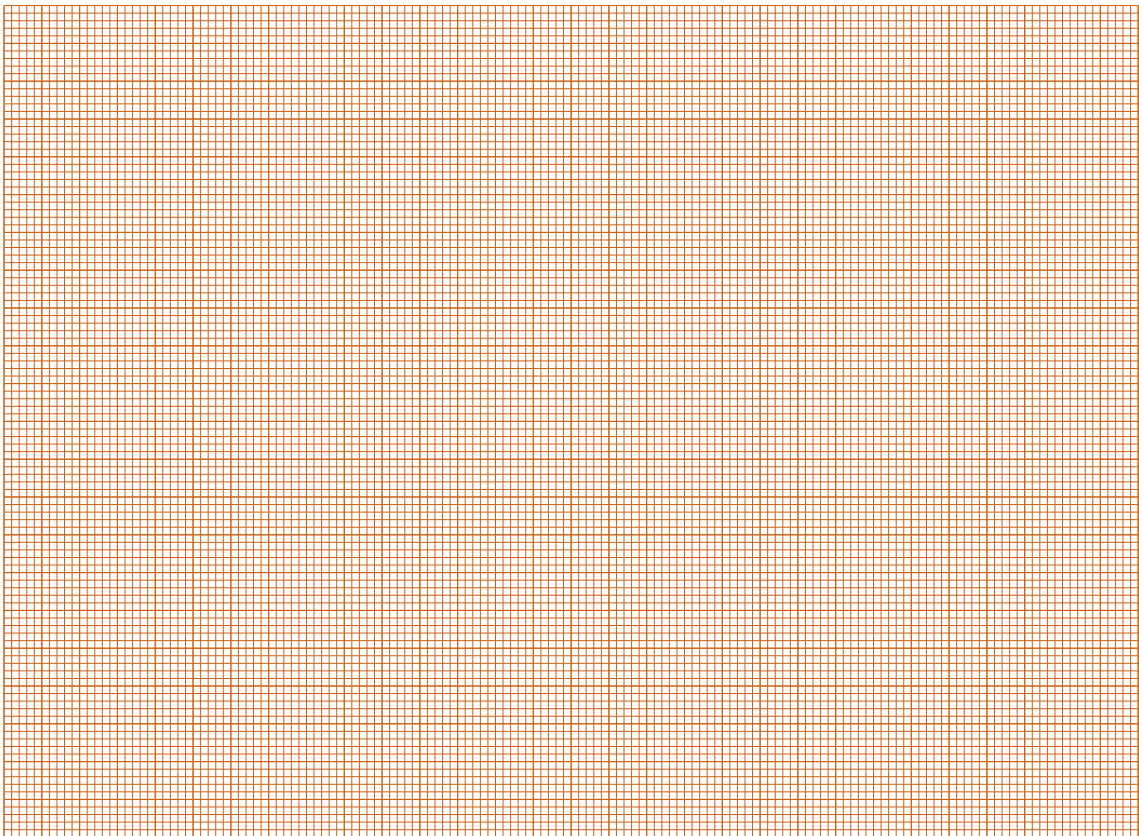
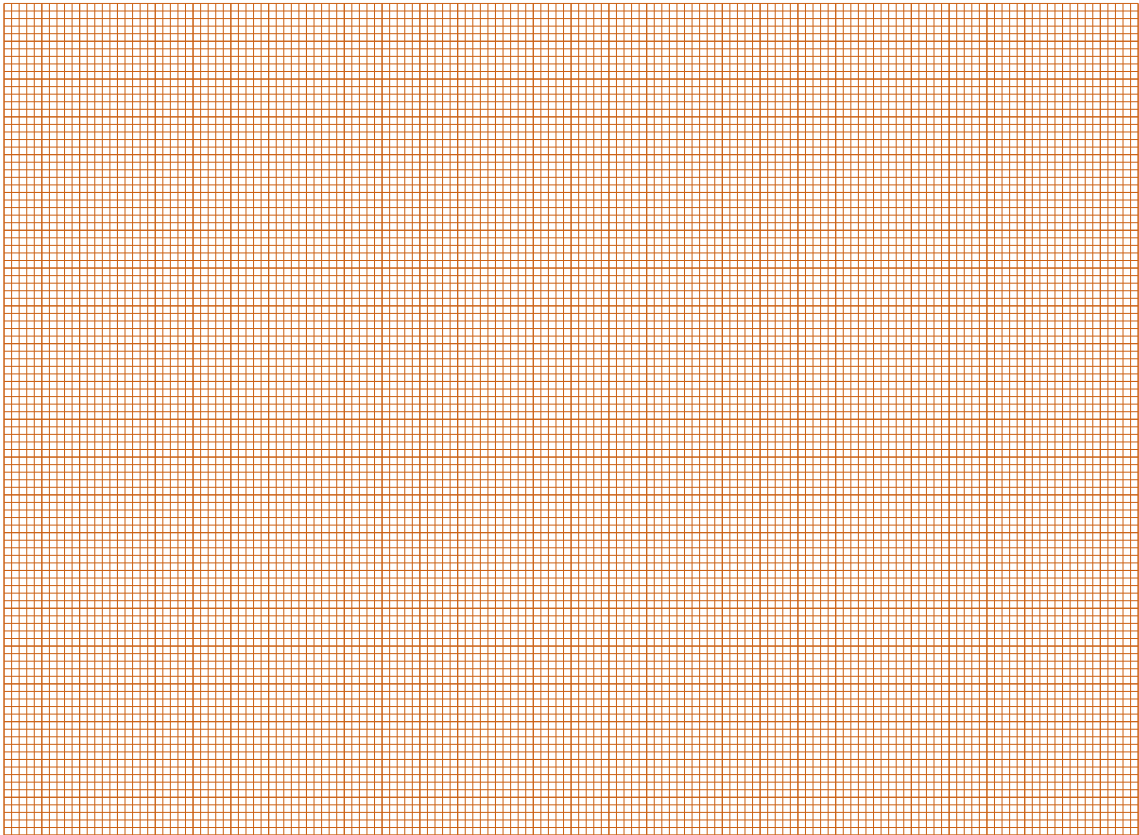


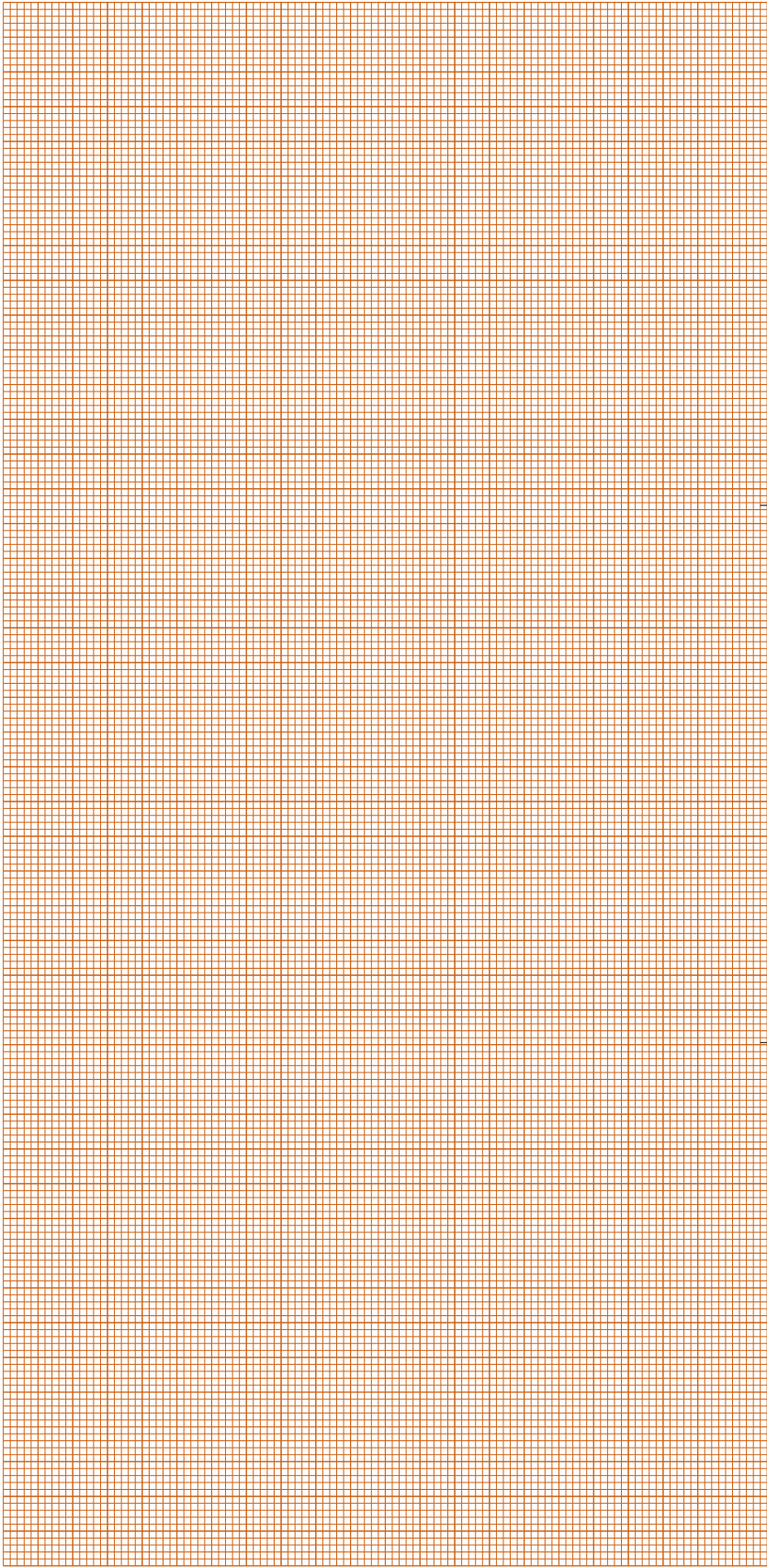
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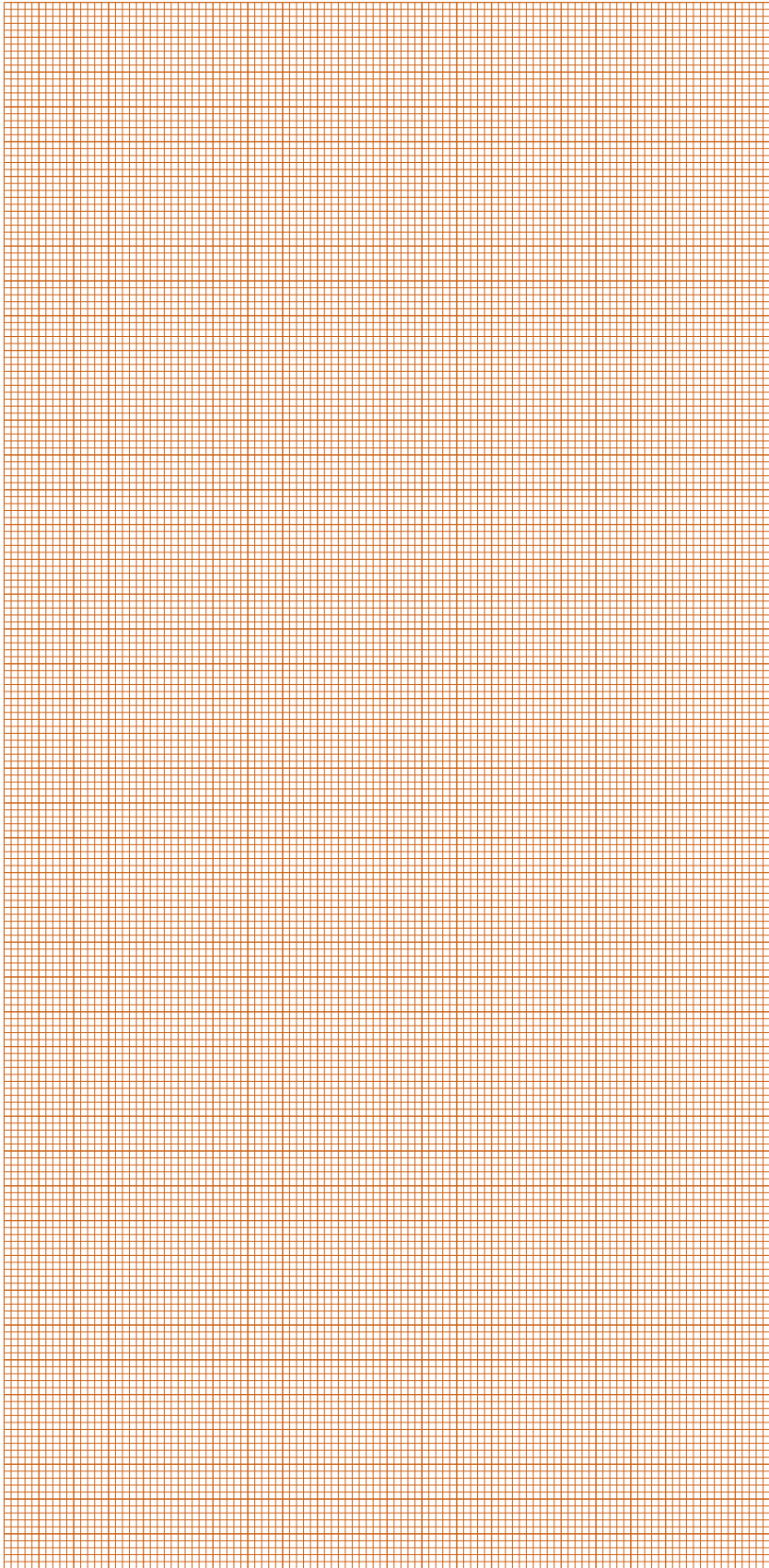


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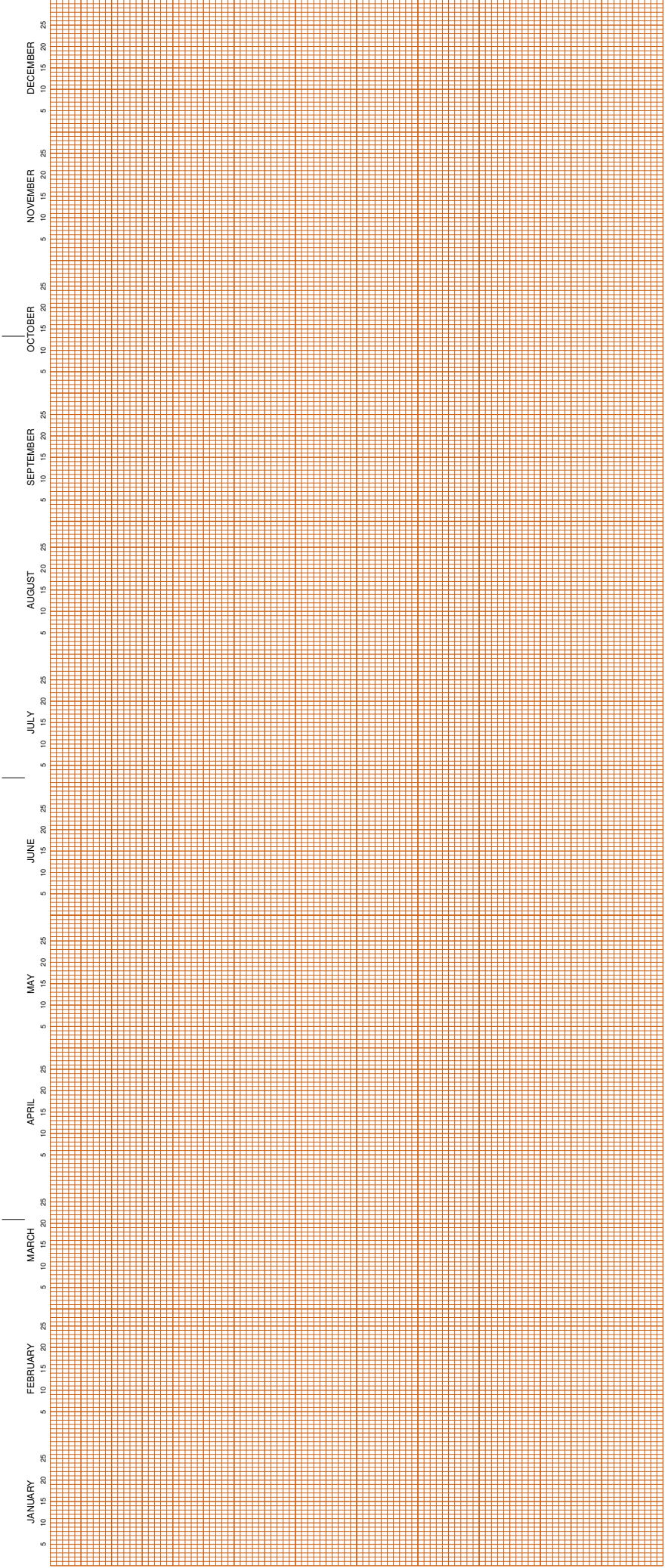


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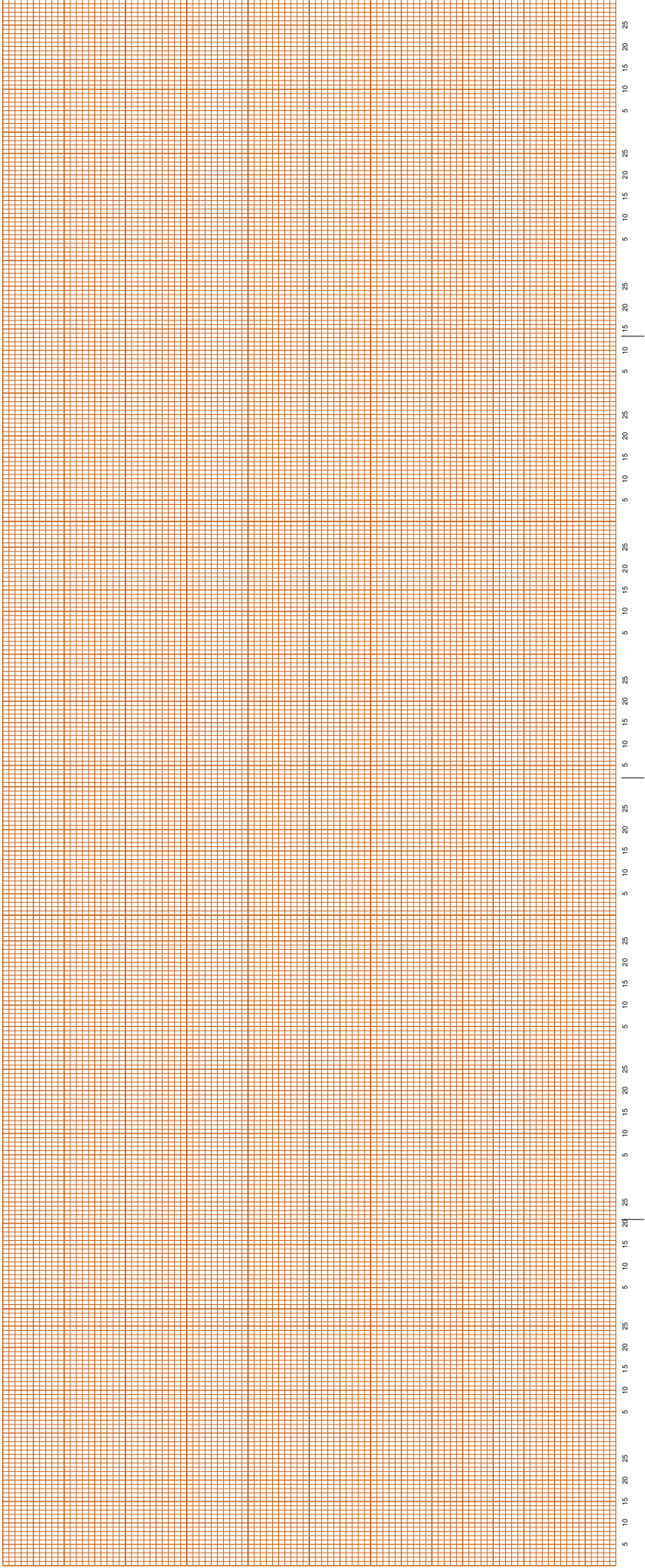
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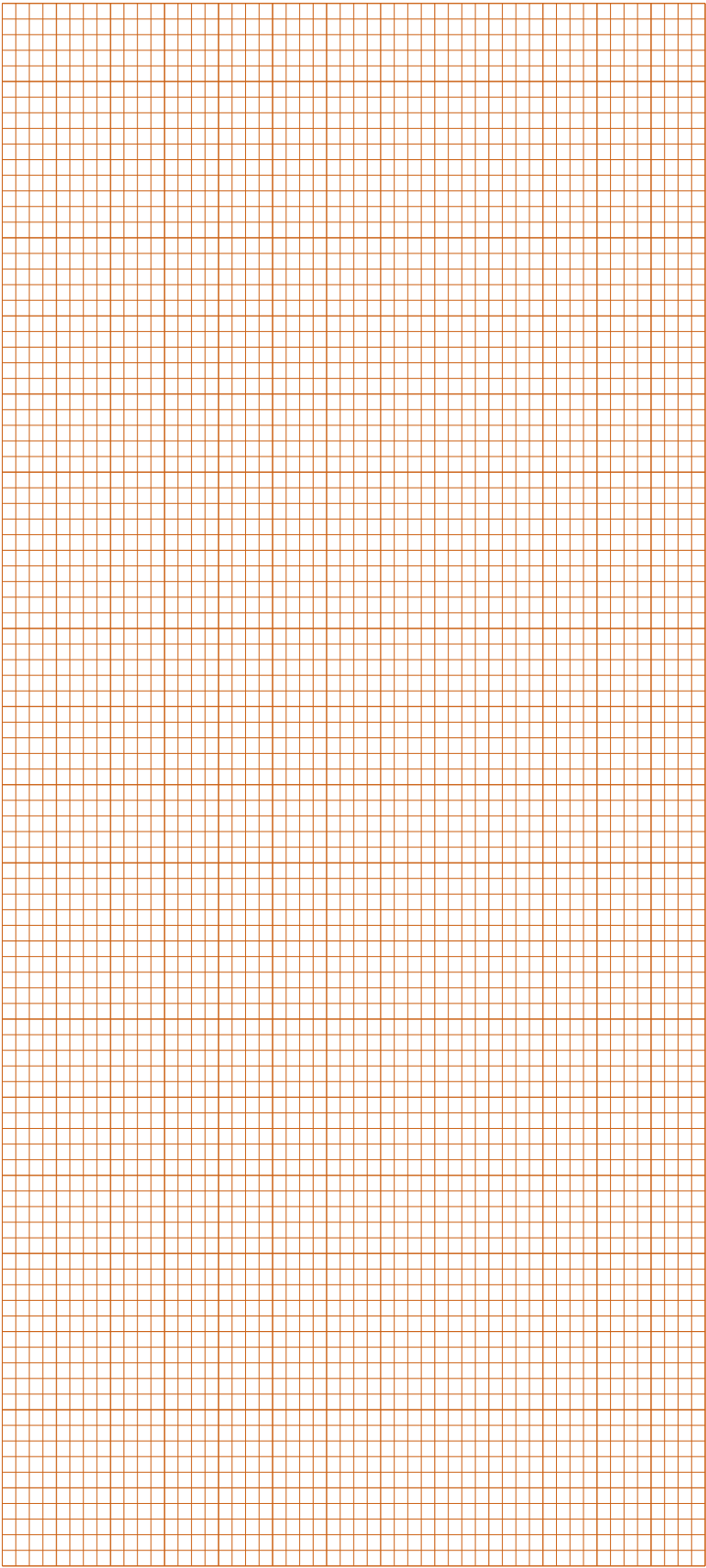
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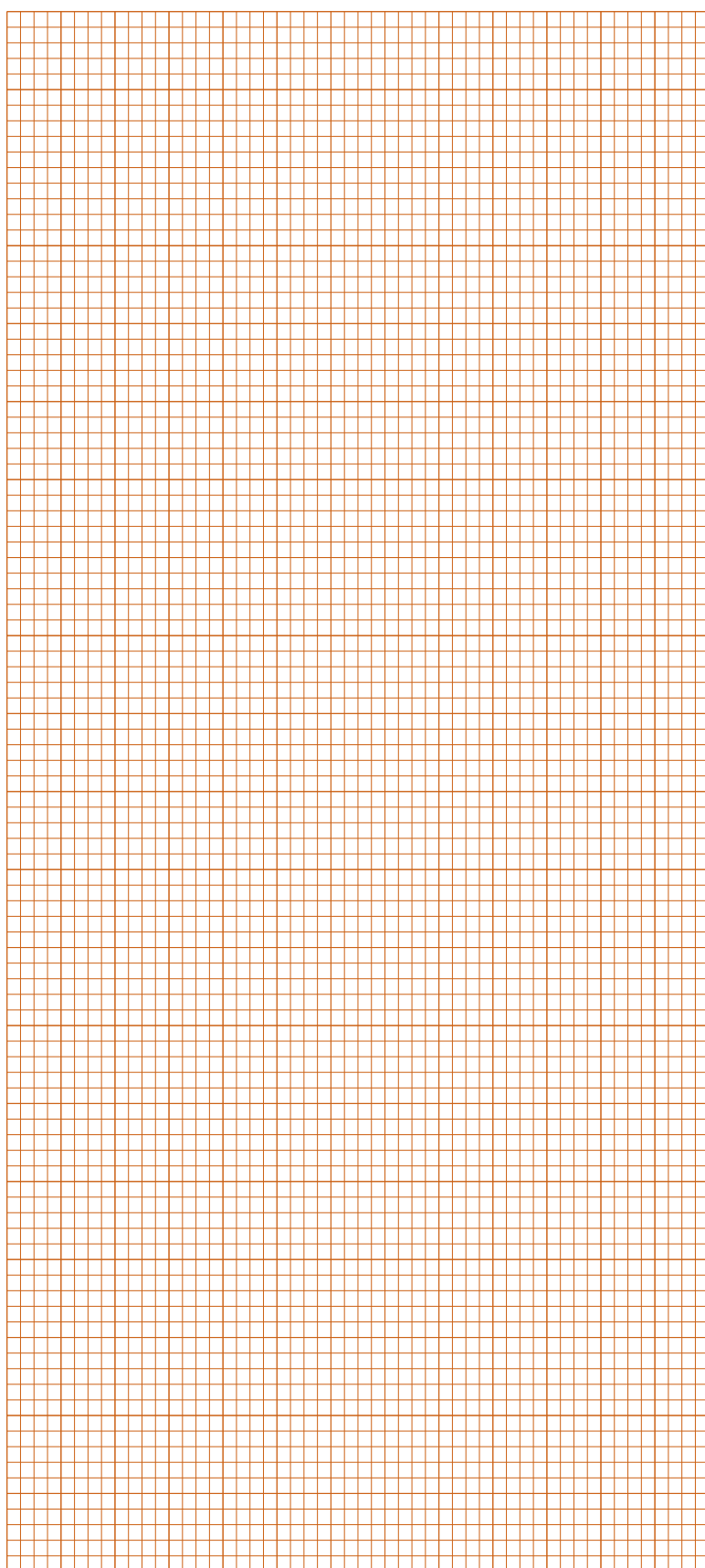


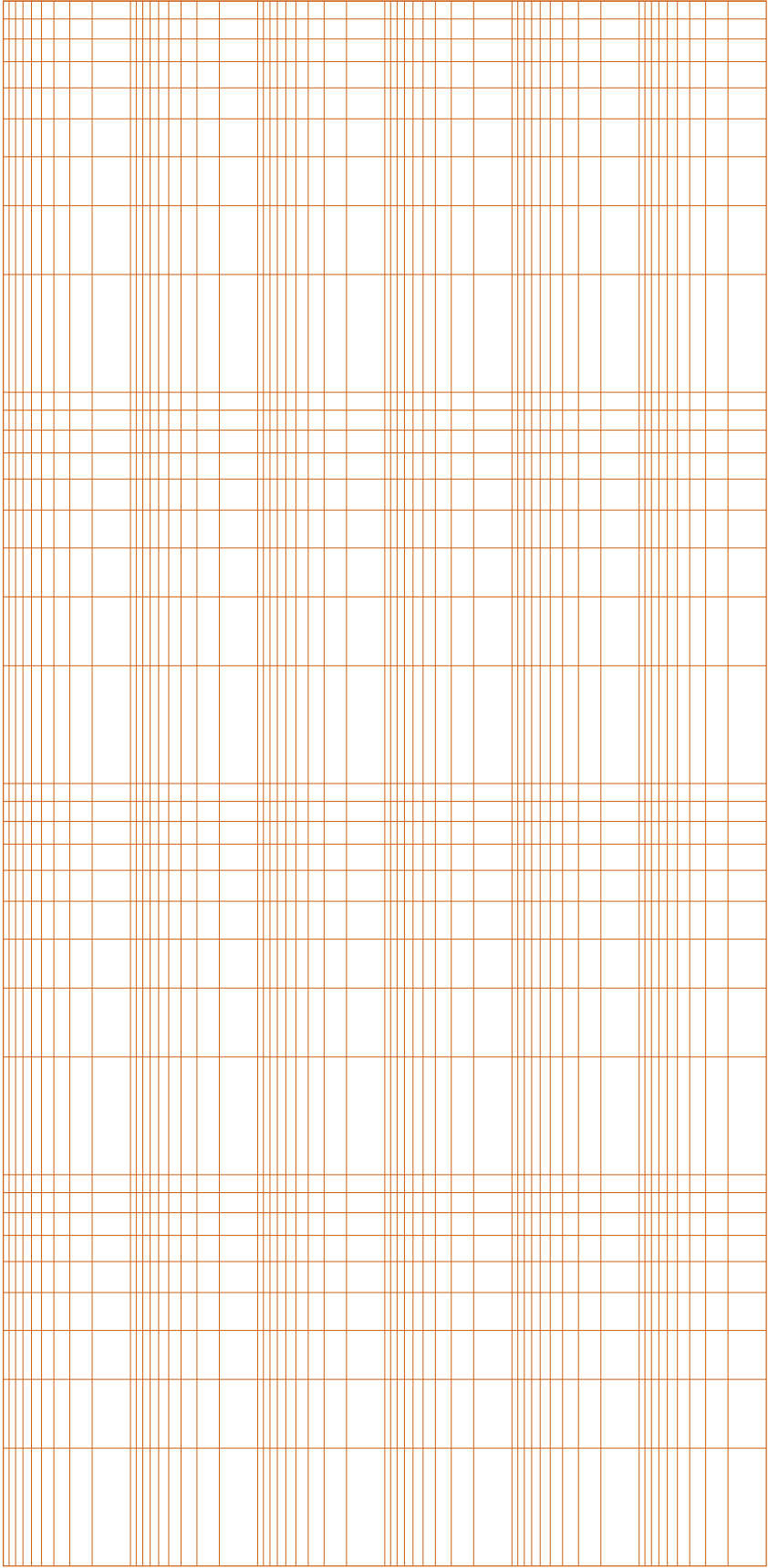
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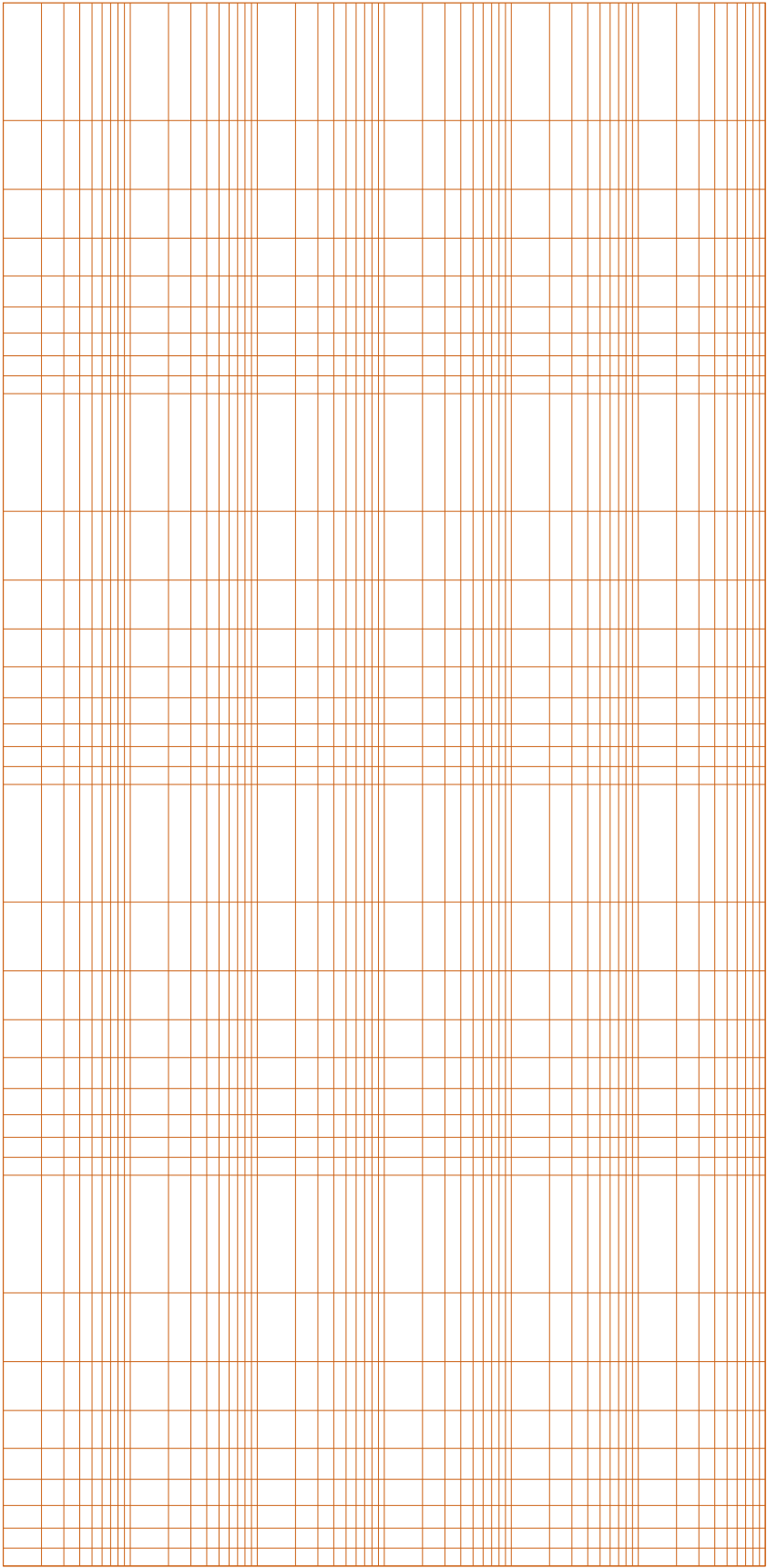
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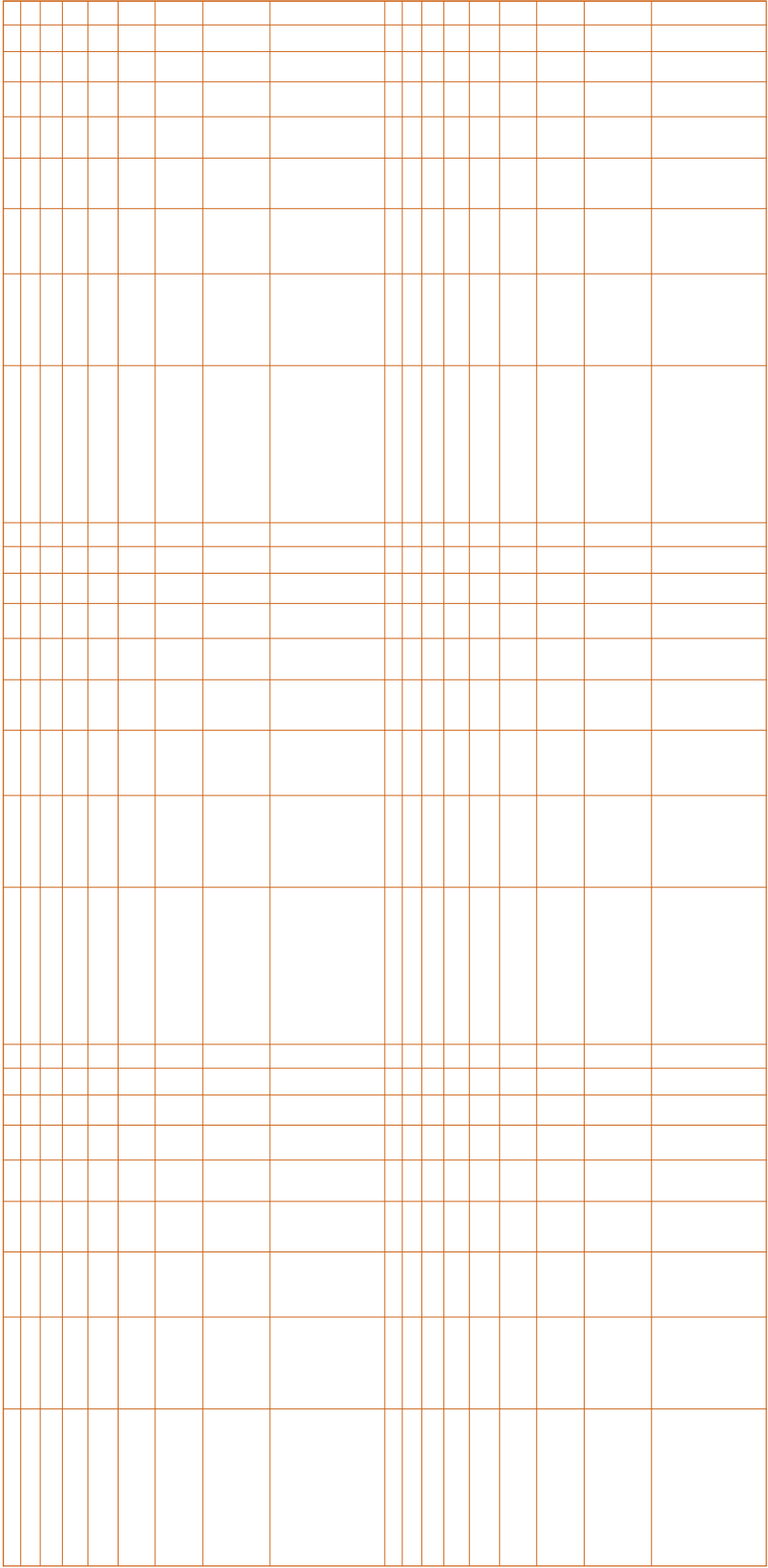




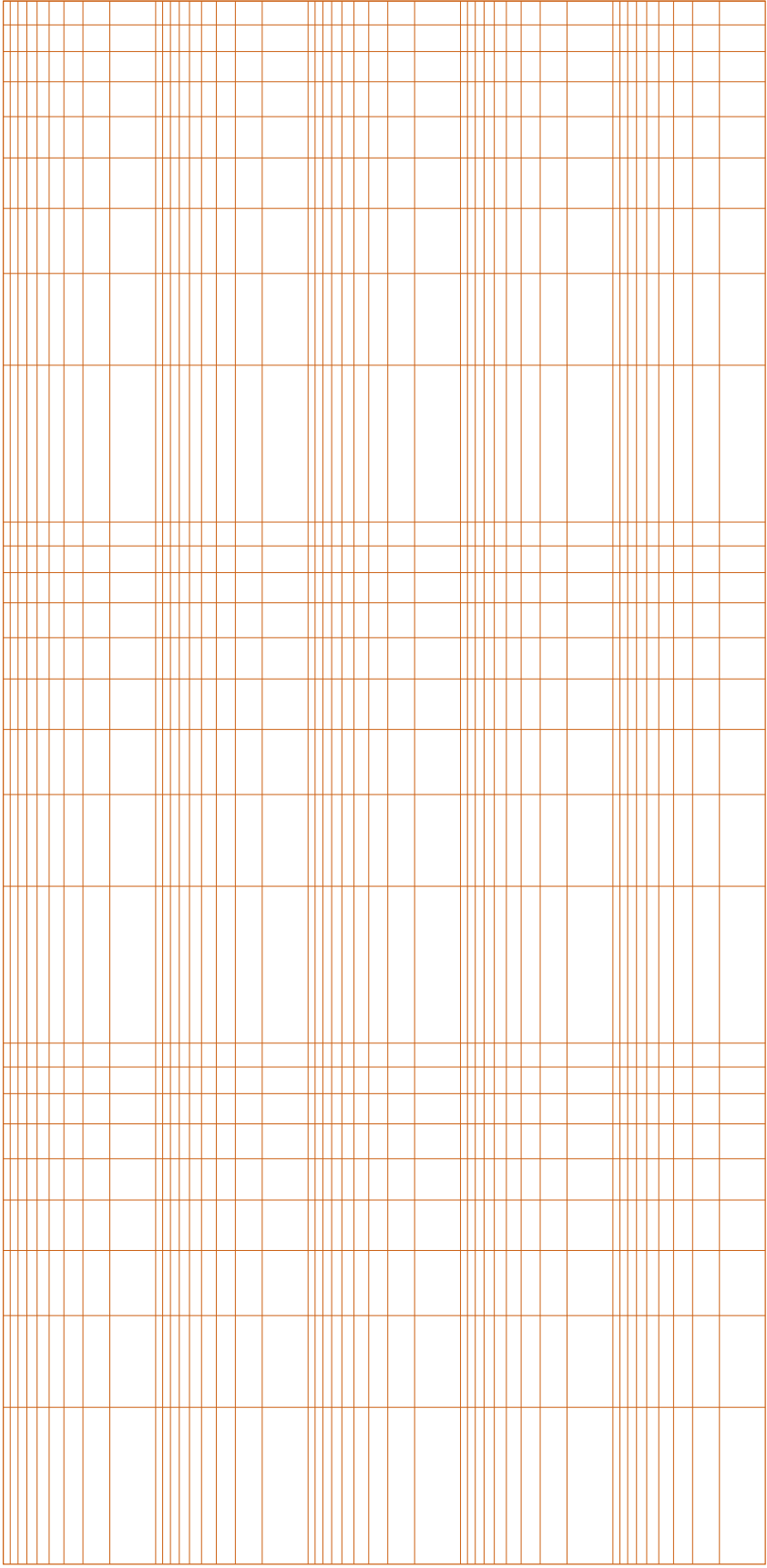


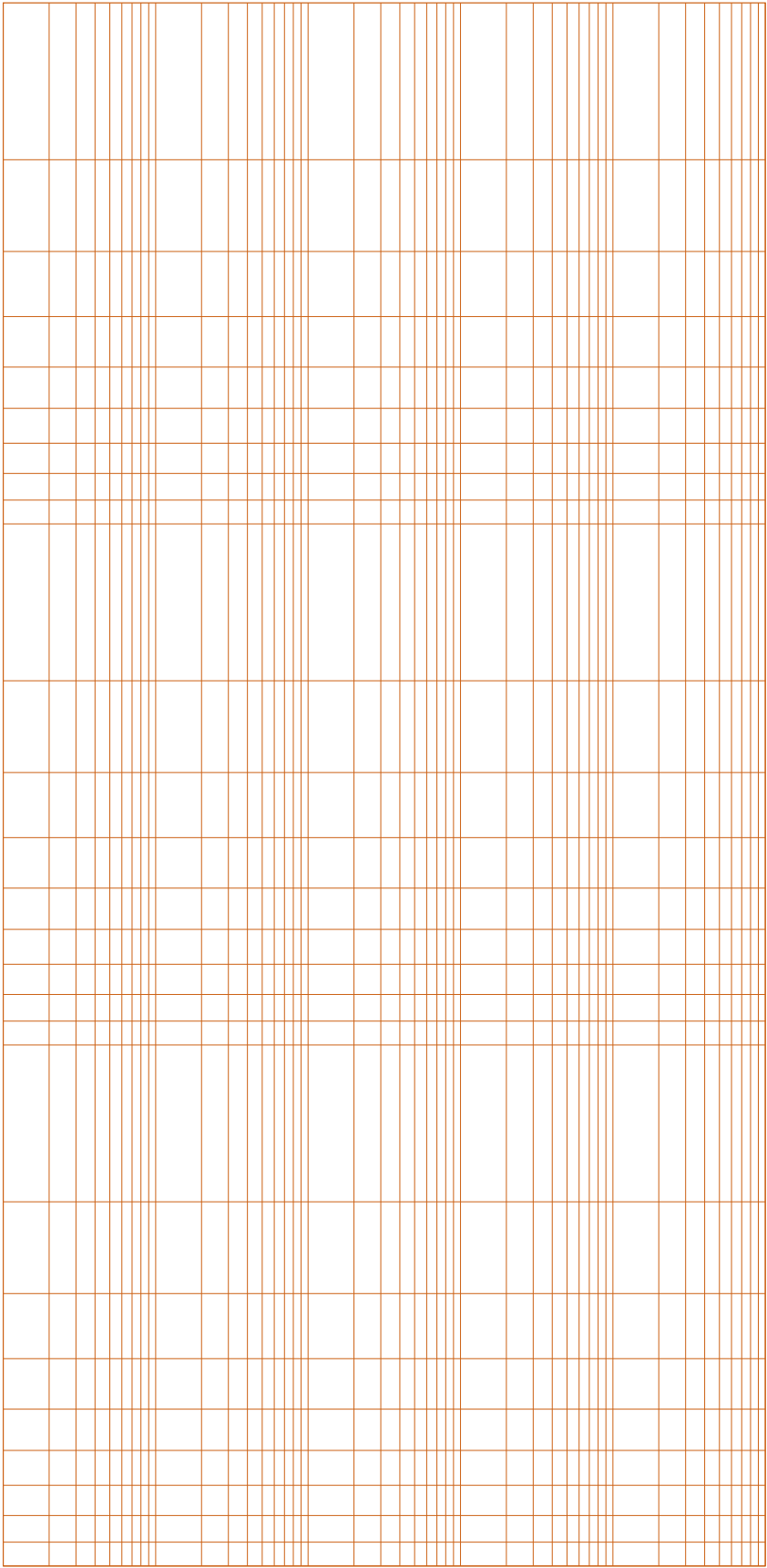




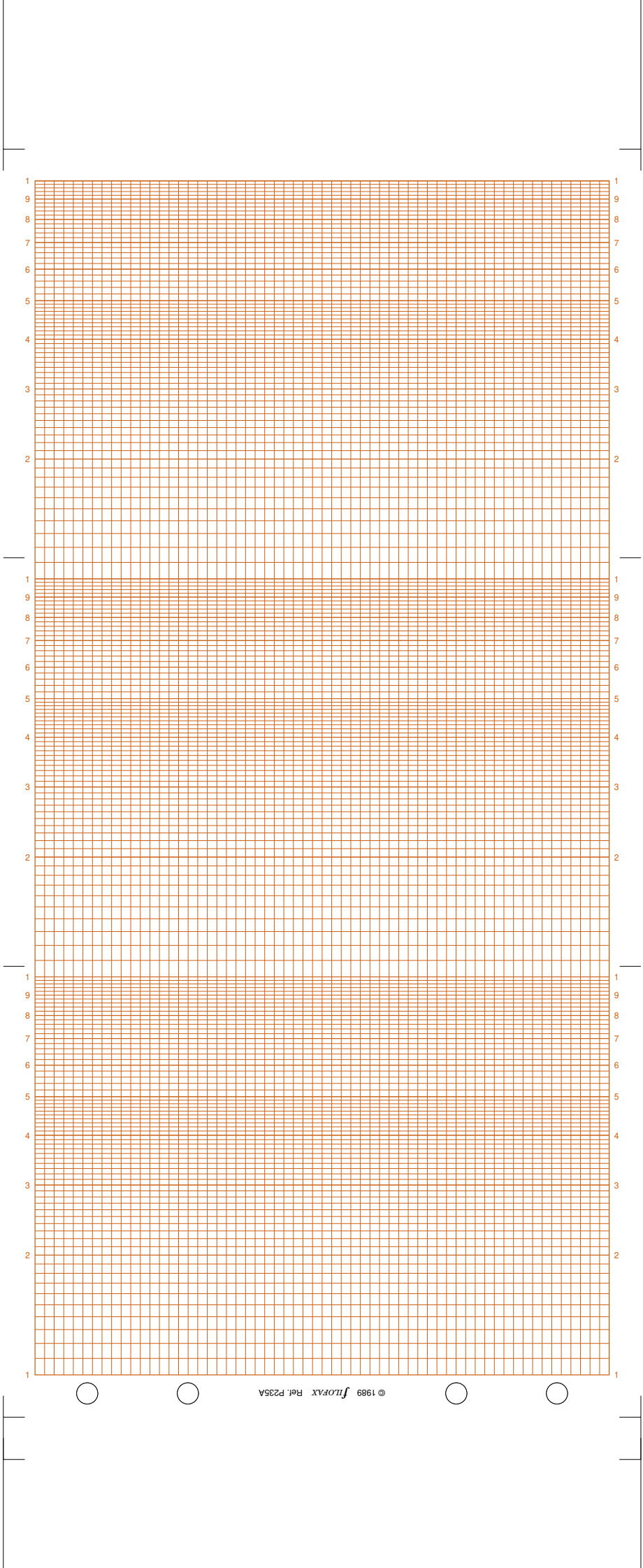


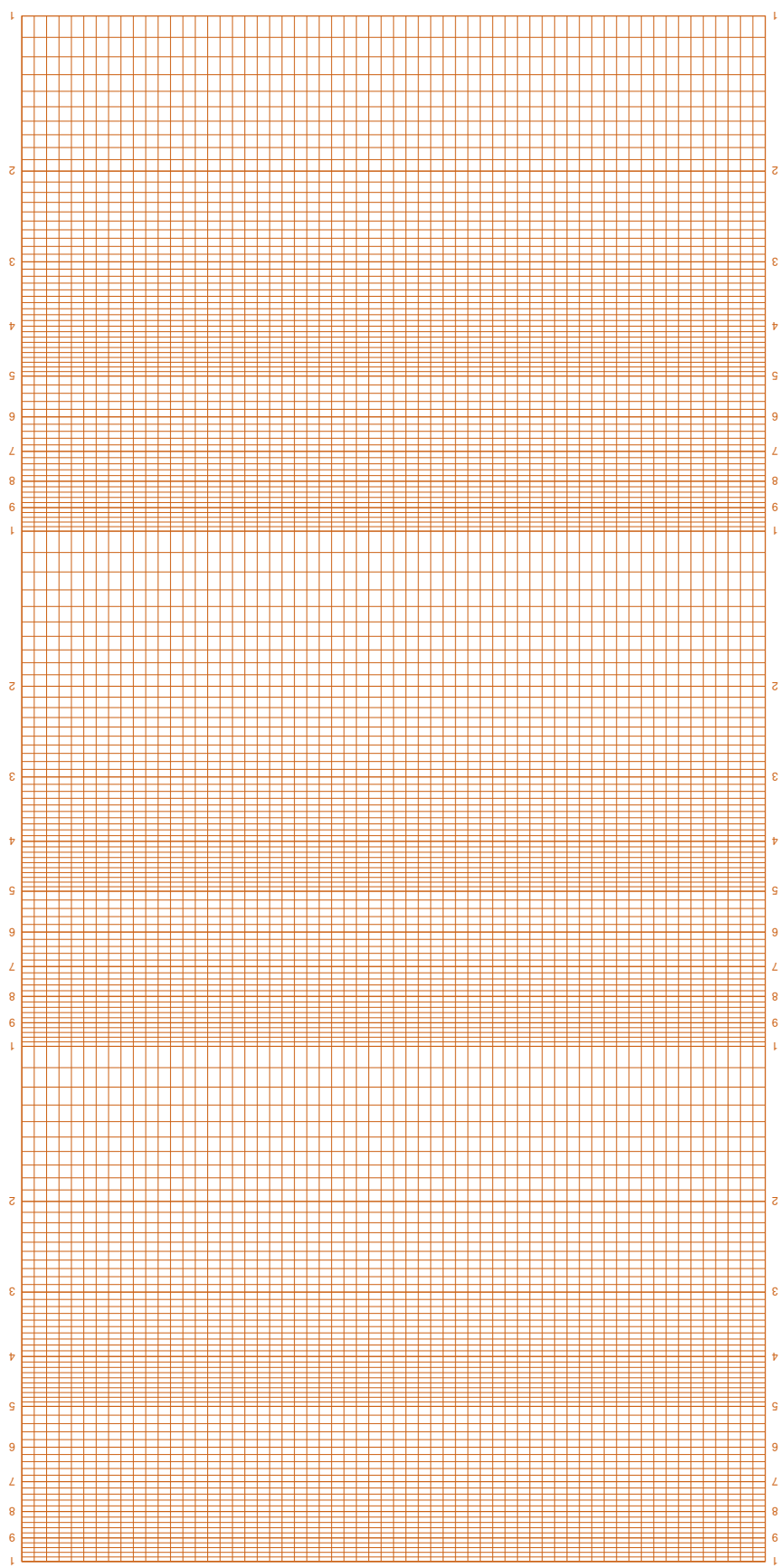
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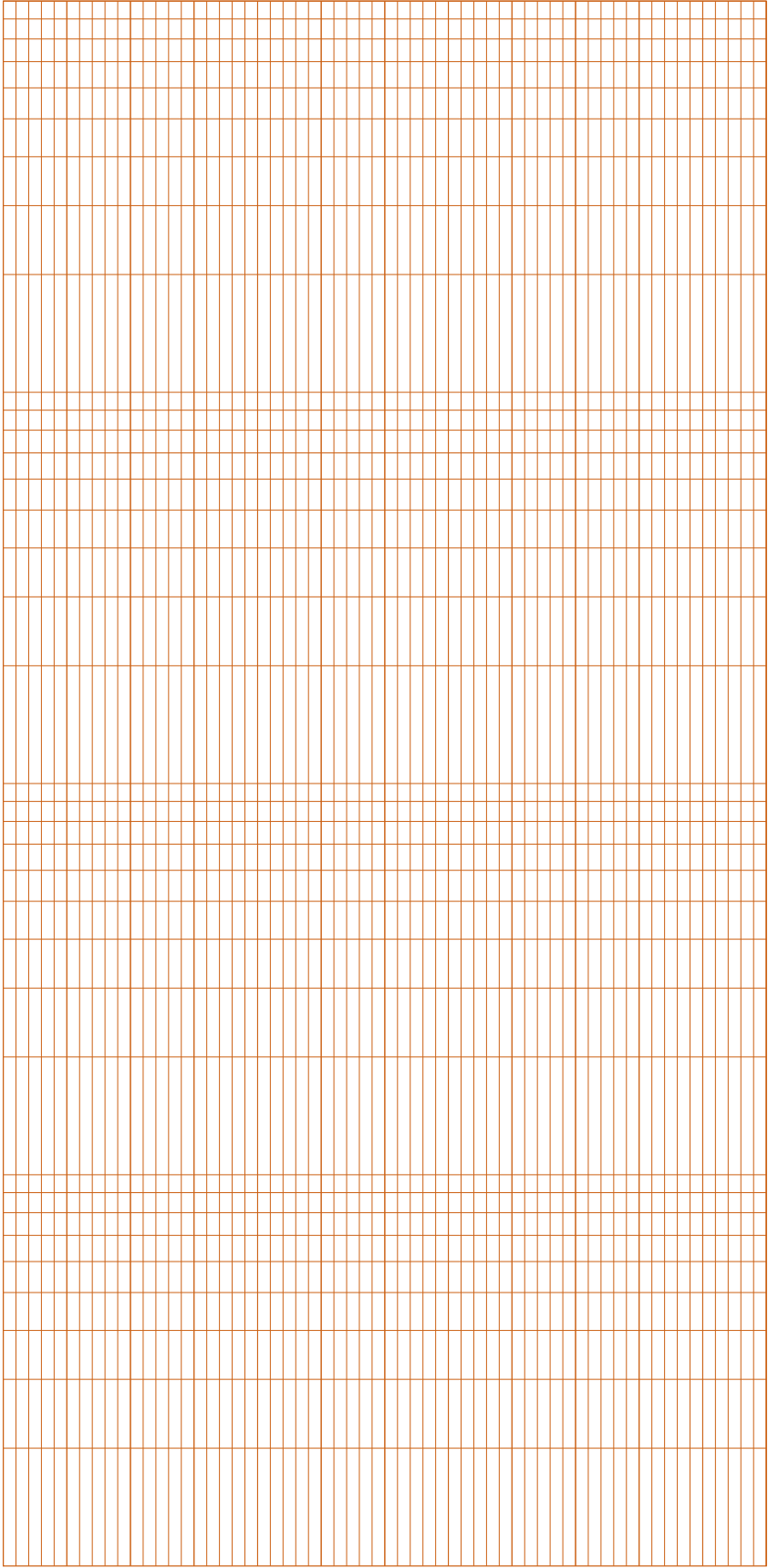






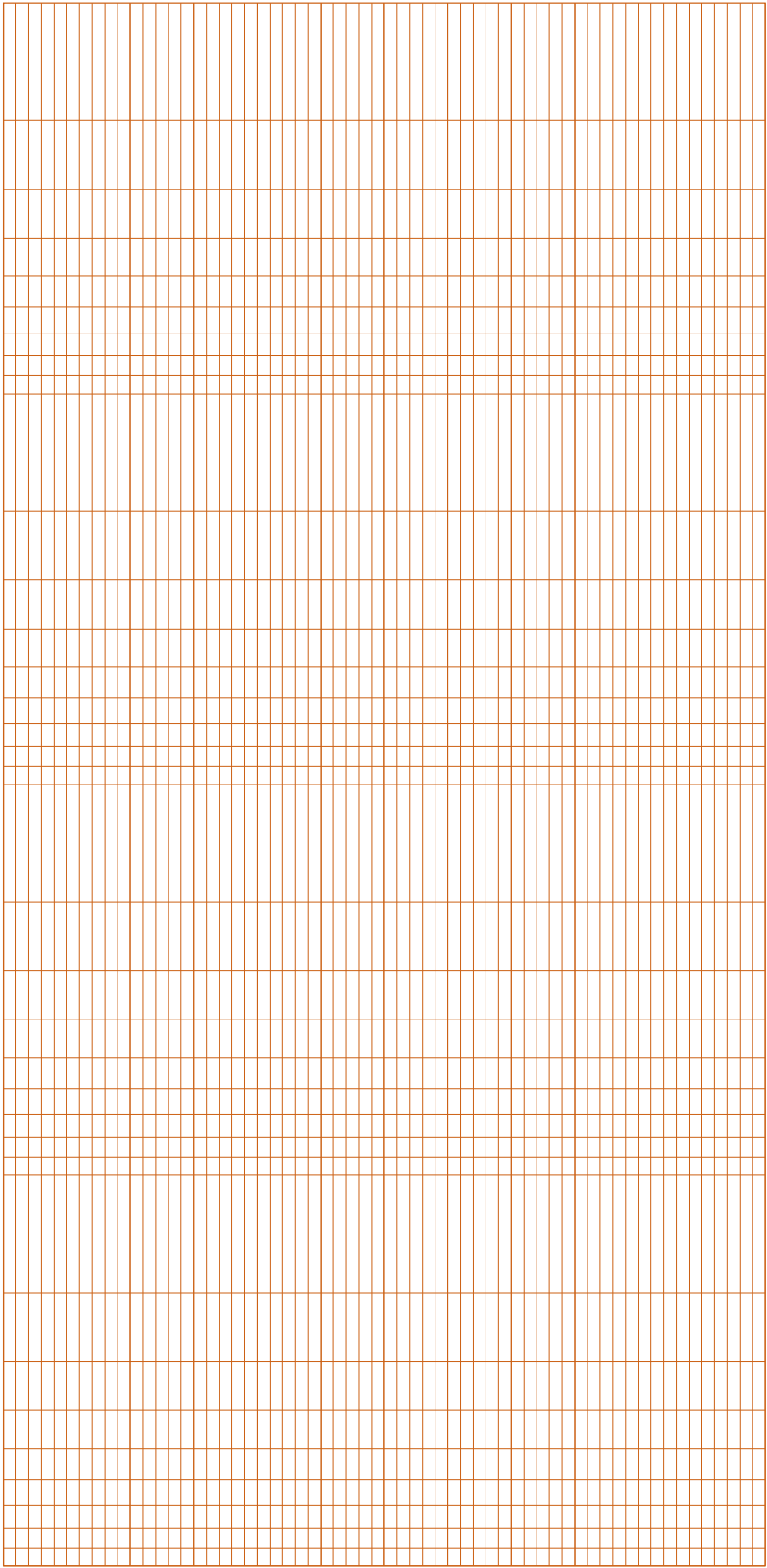


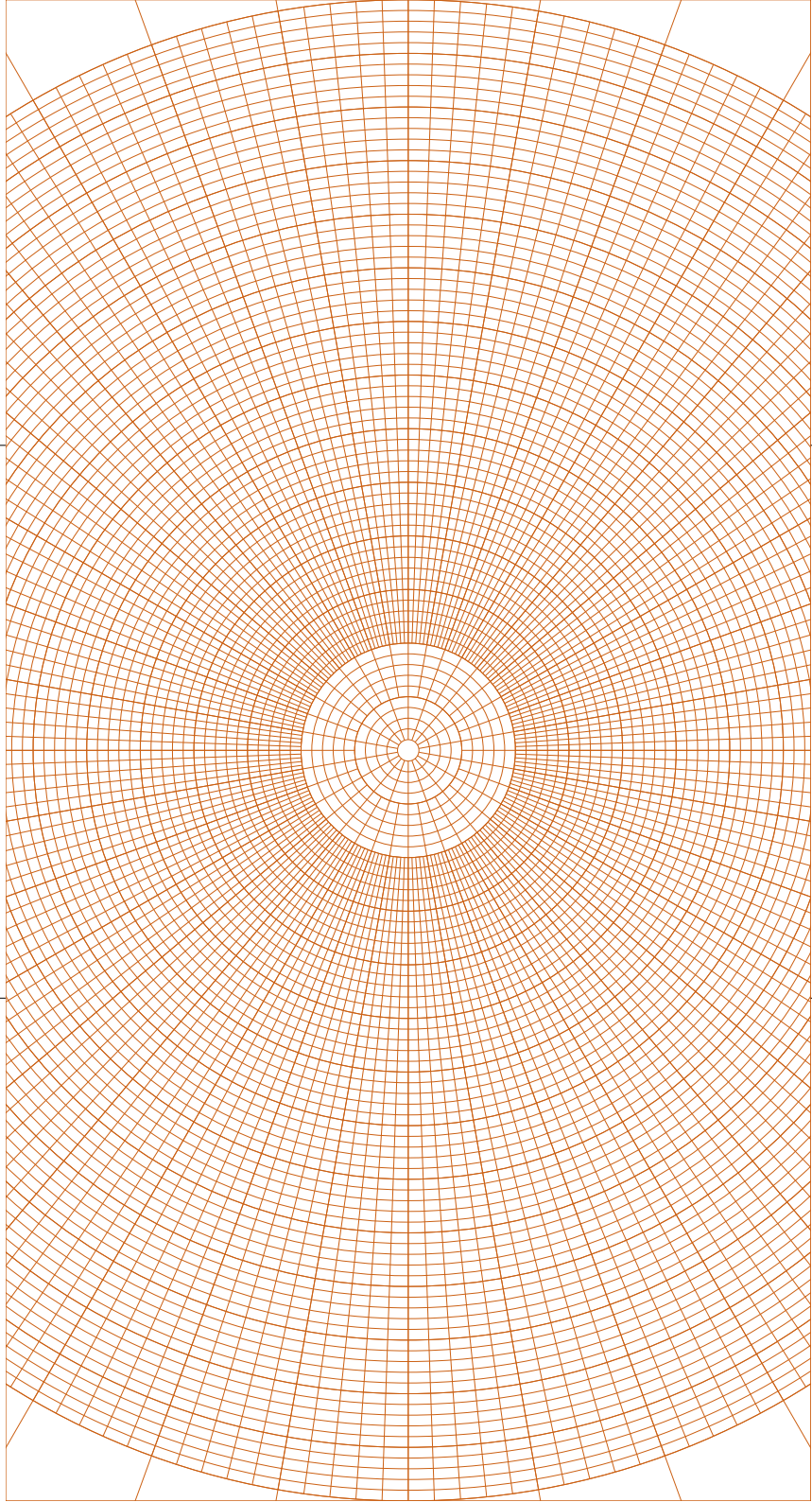


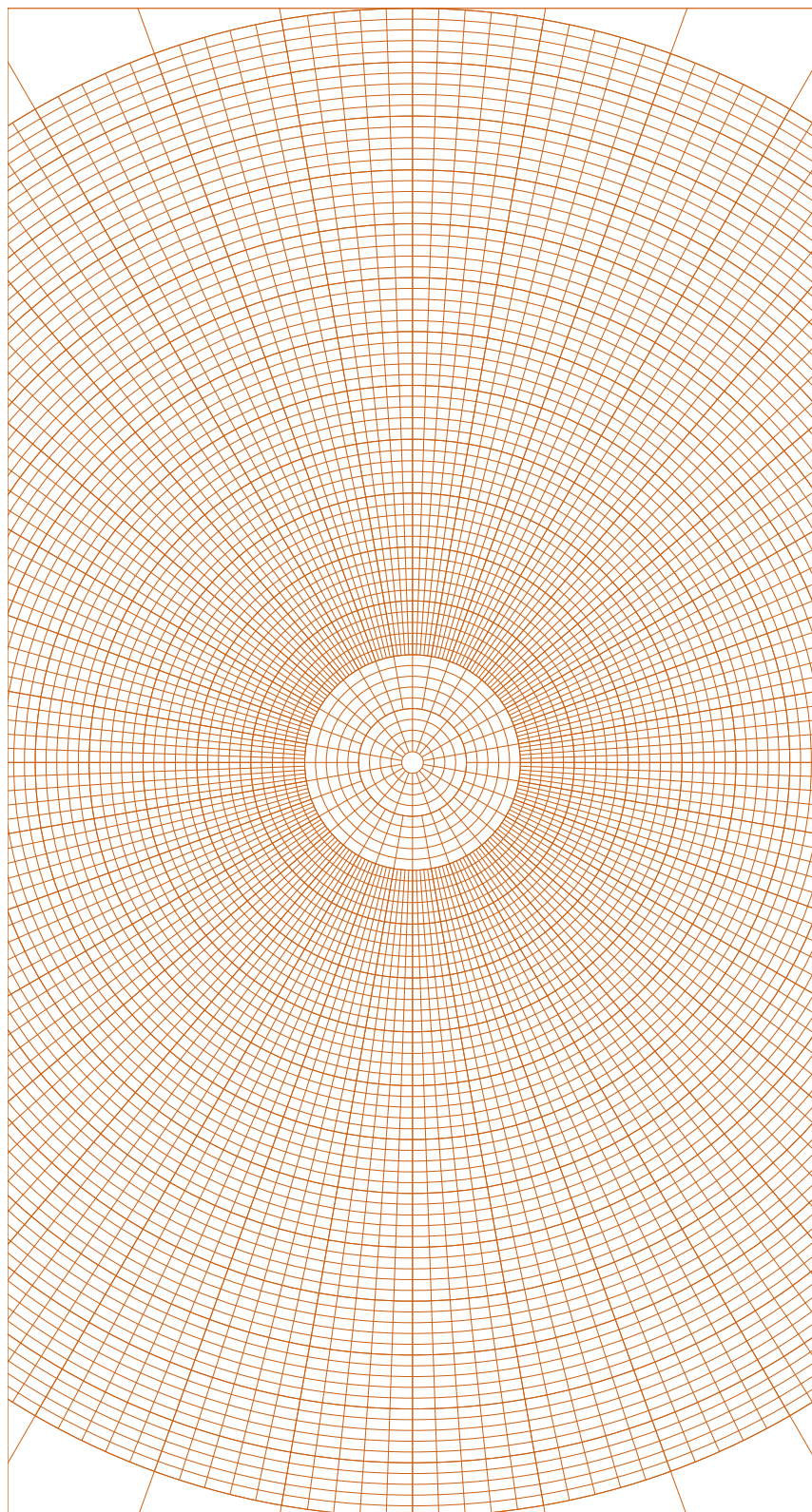


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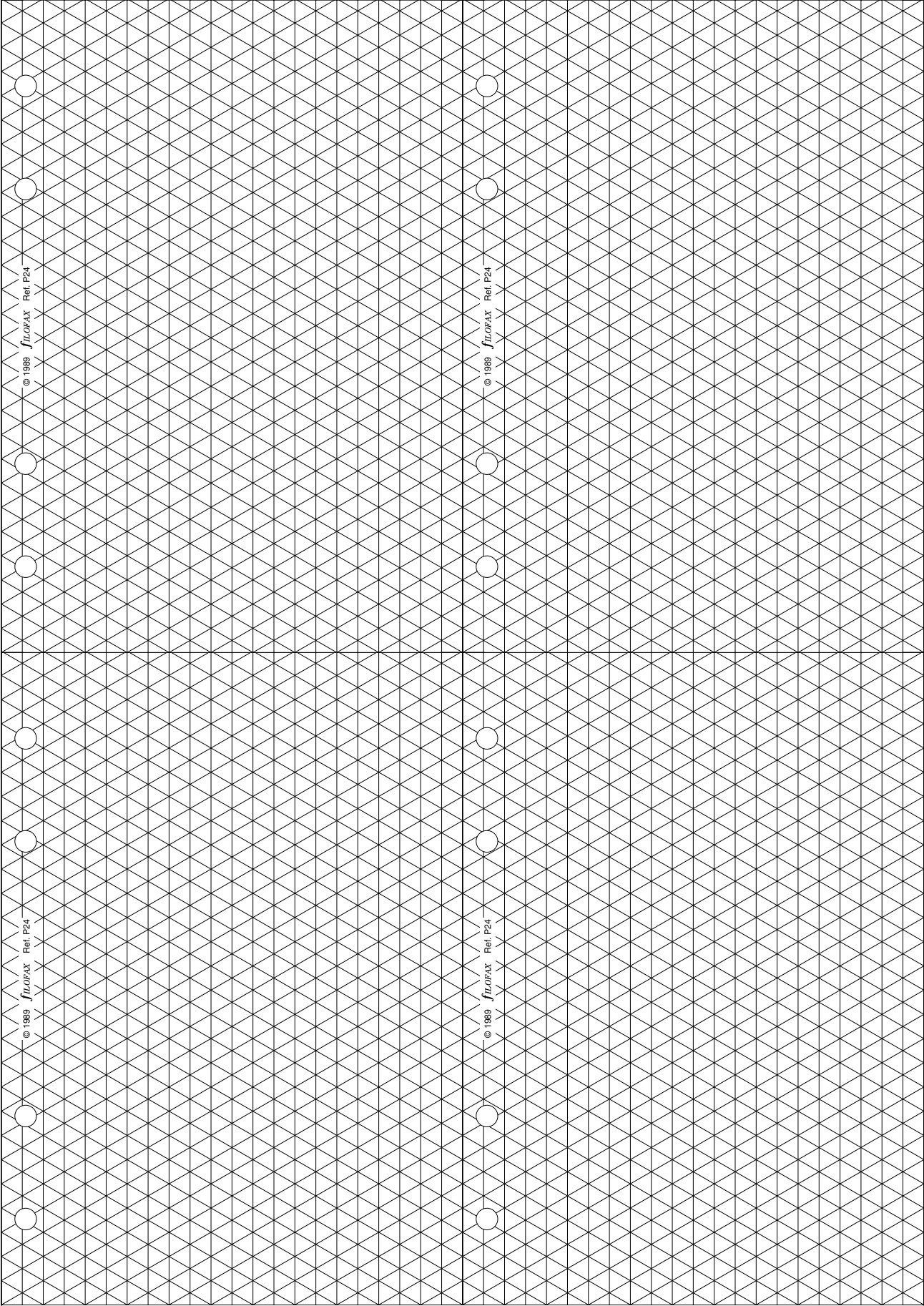


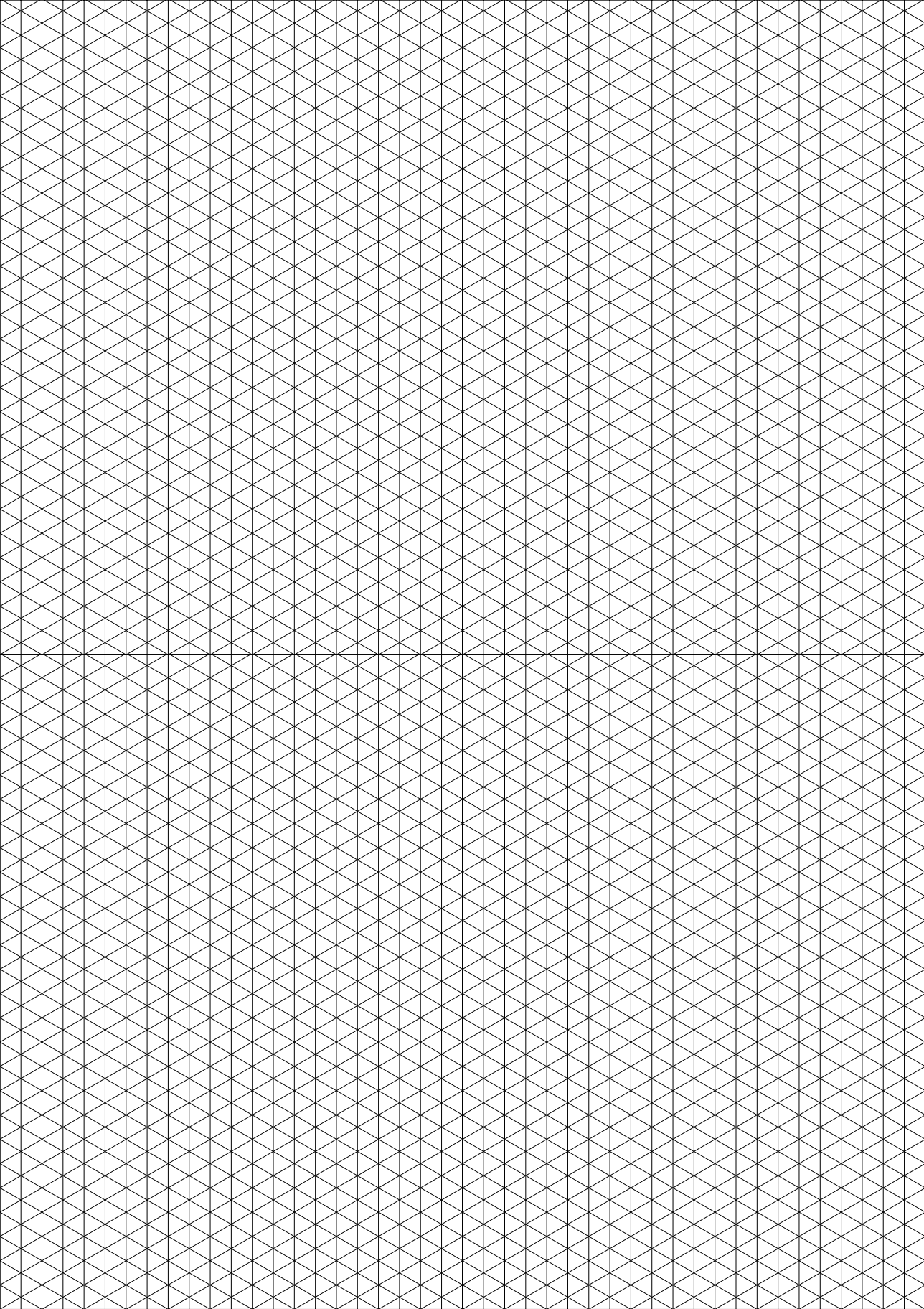














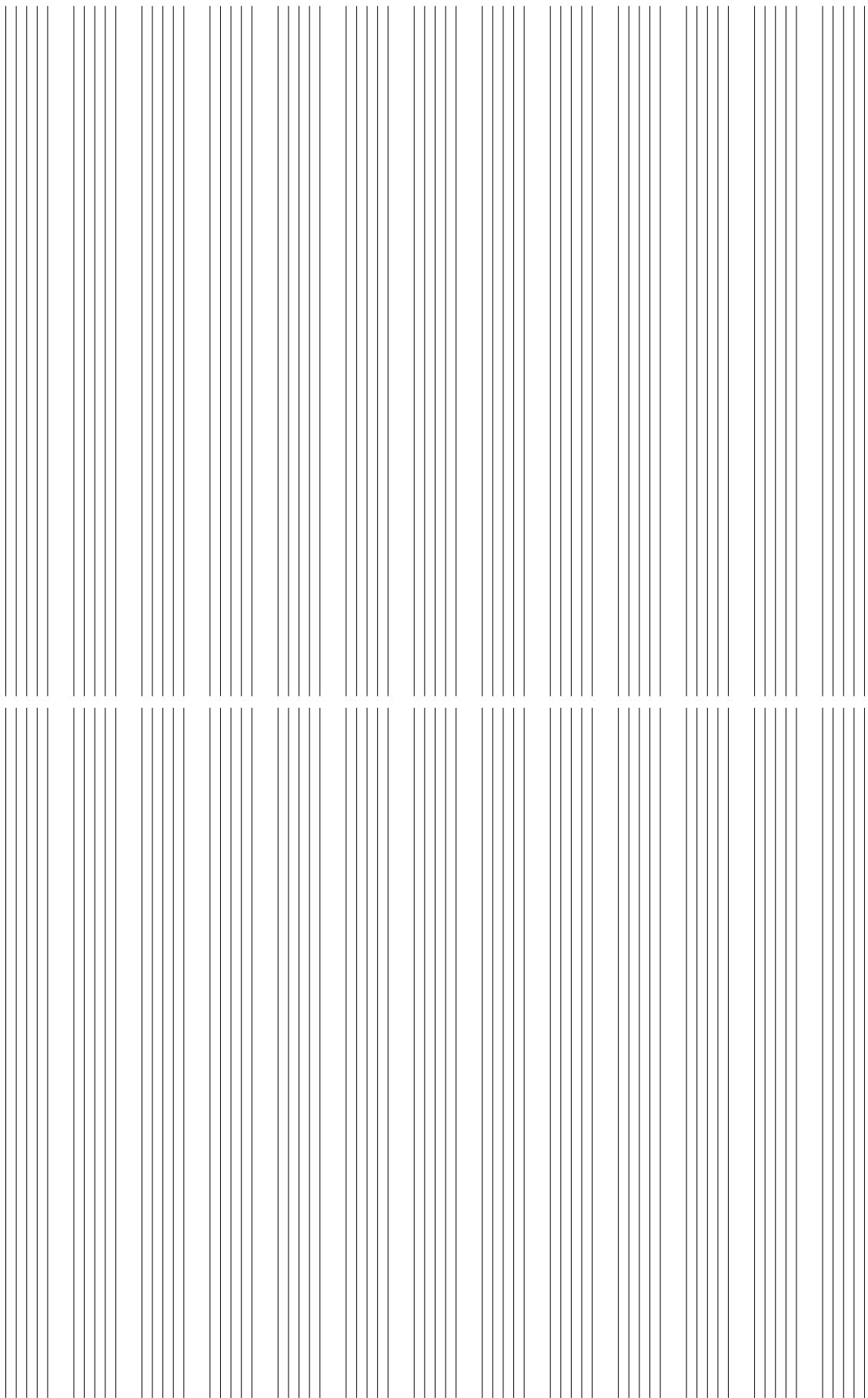












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|--------------------------------|-----------|--------------------------------|----------|
|                                |           |                                |          |
| Week Ending                    |           | Week Ending                    |          |
| Monday                         |           | Monday                         |          |
| Tuesday                        |           | Tuesday                        |          |
| Wednesday                      |           | Wednesday                      |          |
| © 1989<br>fILOPAX<br>Ref. P29A | Thursday  | © 1989<br>fILOPAX<br>Ref. P29A | Thursday |
|                                | Friday    |                                | Friday   |
|                                | Saturday  |                                | Saturday |
| Sunday                         |           | Sunday                         |          |
| Week Ending                    |           | Week Ending                    |          |
| Monday                         |           | Monday                         |          |
| ○                              | Tuesday   | Tuesday                        |          |
| ○                              | Wednesday | Wednesday                      |          |
| © 1989<br>fILOPAX<br>Ref. P29A | Thursday  | © 1989<br>fILOPAX<br>Ref. P29A | Thursday |
|                                | Friday    |                                | Friday   |
|                                | Saturday  |                                | Saturday |
| ○                              | Sunday    | Sunday                         |          |
|                                |           |                                |          |

| Week Ending |  | Week Ending |  |
|-------------|--|-------------|--|
| Monday      |  | Monday      |  |
| Tuesday     |  | Tuesday     |  |
| Wednesday   |  | Wednesday   |  |
| Thursday    |  | Thursday    |  |
| Friday      |  | Friday      |  |
| Saturday    |  | Saturday    |  |
| Sunday      |  | Sunday      |  |

| Week Ending |  | Week Ending |  |
|-------------|--|-------------|--|
| Monday      |  | Monday      |  |
| Tuesday     |  | Tuesday     |  |
| Wednesday   |  | Wednesday   |  |
| Thursday    |  | Thursday    |  |
| Friday      |  | Friday      |  |
| Saturday    |  | Saturday    |  |
| Sunday      |  | Sunday      |  |



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|--------------------------------|-----------|--------------------------------|-----------|
|                                |           |                                |           |
| Week Ending                    |           | Week Ending                    |           |
| Sunday                         |           | Sunday                         |           |
| Monday                         |           | Monday                         |           |
| Tuesday                        |           | Tuesday                        |           |
| © 1989<br>fILOPAX<br>Ref. P29B | Wednesday | © 1989<br>fILOPAX<br>Ref. P29B | Wednesday |
|                                | Thursday  |                                | Thursday  |
|                                | Friday    |                                | Friday    |
|                                | Saturday  |                                | Saturday  |
| Week Ending                    |           | Week Ending                    |           |
| Sunday                         |           | Sunday                         |           |
| ○                              | Monday    |                                | Monday    |
| ○                              | Tuesday   |                                | Tuesday   |
| © 1989<br>fILOPAX<br>Ref. P29B | Wednesday | © 1989<br>fILOPAX<br>Ref. P29B | Wednesday |
|                                | Thursday  |                                | Thursday  |
|                                | Friday    |                                | Friday    |
|                                | ○         |                                | Saturday  |
|                                |           |                                |           |

| Week Ending |  | Week Ending |  |
|-------------|--|-------------|--|
| Sunday      |  | Sunday      |  |
| Monday      |  | Monday      |  |
| Tuesday     |  | Tuesday     |  |
| Wednesday   |  | Wednesday   |  |
| Thursday    |  | Thursday    |  |
| Friday      |  | Friday      |  |
| Saturday    |  | Saturday    |  |
| Week Ending |  | Week Ending |  |
| Sunday      |  | Sunday      |  |
| Monday      |  | Monday      |  |
| Tuesday     |  | Tuesday     |  |
| Wednesday   |  | Wednesday   |  |
| Thursday    |  | Thursday    |  |
| Friday      |  | Friday      |  |
| Saturday    |  | Saturday    |  |

Thursday

Thursday

Friday

Friday

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Saturday

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Saturday

Sunday

Sunday

Thursday

Thursday

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Saturday

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Saturday

Sunday

Sunday

This Week

This Week

Monday

Monday

Tuesday

Tuesday

Wednesday

Wednesday

This Week

This Week

Monday

Monday

Tuesday

Tuesday

Wednesday

Wednesday

Wednesday

Wednesday

Thursday

Thursday

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Friday

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Friday

Saturday

Saturday

Wednesday

Wednesday

Thursday

Thursday

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Friday

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Friday

Saturday

Saturday

This Week

This Week

Sunday

Sunday

Monday

Monday

Tuesday

Tuesday

This Week

This Week

Sunday

Sunday

Monday

Monday

Tuesday

Tuesday

FRIDAY

THIS WEEK

SATURDAY

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SUNDAY

FRIDAY

THIS WEEK

SATURDAY

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SUNDAY

MONDAY

WEDNESDAY

TUESDAY

THURSDAY

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MONDAY

WEDNESDAY

TUESDAY

THURSDAY

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WEDNESDAY

WEDNESDAY

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THURSDAY

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THURSDAY

THIS WEEK

THIS WEEK

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SUNDAY

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SUNDAY

FRIDAY

FRIDAY

SATURDAY

SATURDAY

MONDAY

MONDAY

TUESDAY

TUESDAY

|     |       |      |
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| Day | Month | Year |
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|     |       |      |
|-----|-------|------|
| Day | Month | Year |
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| Day | Month | Year |
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|     |       |      |
|-----|-------|------|
| Day | Month | Year |
|-----|-------|------|



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Appointments

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|       |  |
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| AM    |  |
| 7     |  |
| 7:30  |  |
| 8     |  |
| 8:30  |  |
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| 11:30 |  |
| 12    |  |
| PM    |  |
| 12:30 |  |
| 1     |  |
| 1:30  |  |
| 2     |  |
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Appointments

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Appointments

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Monthly Planner

|        |        |        |        |
|--------|--------|--------|--------|
| Month: | Month: | Month: | Month: |
| 1      | 1      | 1      | 1      |
| 2      | 2      | 2      | 2      |
| 3      | 3      | 3      | 3      |
| 4      | 4      | 4      | 4      |
| 5      | 5      | 5      | 5      |
| 6      | 6      | 6      | 6      |
| 7      | 7      | 7      | 7      |
| 8      | 8      | 8      | 8      |
| 9      | 9      | 9      | 9      |
| 10     | 10     | 10     | 10     |
| 11     | 11     | 11     | 11     |
| 12     | 12     | 12     | 12     |
| 13     | 13     | 13     | 13     |
| 14     | 14     | 14     | 14     |
| 15     | 15     | 15     | 15     |
| 16     | 16     | 16     | 16     |
| 17     | 17     | 17     | 17     |
| 18     | 18     | 18     | 18     |
| 19     | 19     | 19     | 19     |
| 20     | 20     | 20     | 20     |
| 21     | 21     | 21     | 21     |
| 22     | 22     | 22     | 22     |
| 23     | 23     | 23     | 23     |
| 24     | 24     | 24     | 24     |
| 25     | 25     | 25     | 25     |
| 26     | 26     | 26     | 26     |
| 27     | 27     | 27     | 27     |
| 28     | 28     | 28     | 28     |
| 29     | 29     | 29     | 29     |
| 30     | 30     | 30     | 30     |
| 31     | 31     | 31     | 31     |



Monthly Planner

|        |        |        |        |
|--------|--------|--------|--------|
| Month: | Month: | Month: | Month: |
| 1      | 1      | 1      | 1      |
| 2      | 2      | 2      | 2      |
| 3      | 3      | 3      | 3      |
| 4      | 4      | 4      | 4      |
| 5      | 5      | 5      | 5      |
| 6      | 6      | 6      | 6      |
| 7      | 7      | 7      | 7      |
| 8      | 8      | 8      | 8      |
| 9      | 9      | 9      | 9      |
| 10     | 10     | 10     | 10     |
| 11     | 11     | 11     | 11     |
| 12     | 12     | 12     | 12     |
| 13     | 13     | 13     | 13     |
| 14     | 14     | 14     | 14     |
| 15     | 15     | 15     | 15     |
| 16     | 16     | 16     | 16     |
| 17     | 17     | 17     | 17     |
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| 19     | 19     | 19     | 19     |
| 20     | 20     | 20     | 20     |
| 21     | 21     | 21     | 21     |
| 22     | 22     | 22     | 22     |
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| 24     | 24     | 24     | 24     |
| 25     | 25     | 25     | 25     |
| 26     | 26     | 26     | 26     |
| 27     | 27     | 27     | 27     |
| 28     | 28     | 28     | 28     |
| 29     | 29     | 29     | 29     |
| 30     | 30     | 30     | 30     |
| 31     | 31     | 31     | 31     |





Daily Work Planner

|        |  |  |  |  |   |  |   |
|--------|--|--|--|--|---|--|---|
| Date   |  |  |  |  | ✓ |  | ✓ |
| Plan   |  |  |  |  |   |  |   |
| Review |  |  |  |  |   |  |   |
| Write  |  |  |  |  |   |  |   |
| Phone  |  |  |  |  |   |  |   |
| See    |  |  |  |  |   |  |   |

Daily Work Planner

|        |  |  |  |  |   |  |   |
|--------|--|--|--|--|---|--|---|
| Date   |  |  |  |  | ✓ |  | ✓ |
| Plan   |  |  |  |  |   |  |   |
| Review |  |  |  |  |   |  |   |
| Write  |  |  |  |  |   |  |   |
| Phone  |  |  |  |  |   |  |   |
| See    |  |  |  |  |   |  |   |

Daily Work Planner

|        |  |  |  |  |   |  |   |
|--------|--|--|--|--|---|--|---|
| Date   |  |  |  |  | ✓ |  | ✓ |
| Plan   |  |  |  |  |   |  |   |
| Review |  |  |  |  |   |  |   |
| Write  |  |  |  |  |   |  |   |
| Phone  |  |  |  |  |   |  |   |
| See    |  |  |  |  |   |  |   |

Daily Work Planner

|        |  |  |  |  |   |  |   |
|--------|--|--|--|--|---|--|---|
| Date   |  |  |  |  | ✓ |  | ✓ |
| Plan   |  |  |  |  |   |  |   |
| Review |  |  |  |  |   |  |   |
| Write  |  |  |  |  |   |  |   |
| Phone  |  |  |  |  |   |  |   |
| See    |  |  |  |  |   |  |   |



| Date | Day |  |  | Morning | Lunch | Afternoon | Evening |
|------|-----|--|--|---------|-------|-----------|---------|
| 1    |     |  |  |         |       |           |         |
| 2    |     |  |  |         |       |           |         |
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| 12   |     |  |  |         |       |           |         |
| 13   |     |  |  |         |       |           |         |
| 14   |     |  |  |         |       |           |         |
| 15   |     |  |  |         |       |           |         |
| 16   |     |  |  |         |       |           |         |

Month Planner

| Date | Day |  |  | Morning | Lunch | Afternoon | Evening |
|------|-----|--|--|---------|-------|-----------|---------|
| 1    |     |  |  |         |       |           |         |
| 2    |     |  |  |         |       |           |         |
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| 10   |     |  |  |         |       |           |         |
| 11   |     |  |  |         |       |           |         |
| 12   |     |  |  |         |       |           |         |
| 13   |     |  |  |         |       |           |         |
| 14   |     |  |  |         |       |           |         |
| 15   |     |  |  |         |       |           |         |
| 16   |     |  |  |         |       |           |         |

Month Planner

| Date | Day |  |  | Morning | Lunch | Afternoon | Evening |
|------|-----|--|--|---------|-------|-----------|---------|
| 1    |     |  |  |         |       |           |         |
| 2    |     |  |  |         |       |           |         |
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| 14   |     |  |  |         |       |           |         |
| 15   |     |  |  |         |       |           |         |
| 16   |     |  |  |         |       |           |         |

Month Planner

| Date | Day |  |  | Morning | Lunch | Afternoon | Evening |
|------|-----|--|--|---------|-------|-----------|---------|
| 1    |     |  |  |         |       |           |         |
| 2    |     |  |  |         |       |           |         |
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Month Planner

Month Planner

| Date | Day |  |  |  | Morning | Lunch | Afternoon | Evening |
|------|-----|--|--|--|---------|-------|-----------|---------|
| 17   |     |  |  |  |         |       |           |         |
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Month Planner

| Date | Day |  |  |  | Morning | Lunch | Afternoon | Evening |
|------|-----|--|--|--|---------|-------|-----------|---------|
| 17   |     |  |  |  |         |       |           |         |
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Month Planner

| Date | Day |  |  |  | Morning | Lunch | Afternoon | Evening |
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| 17   |     |  |  |  |         |       |           |         |
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Month Planner

| Date | Day |  |  |  | Morning | Lunch | Afternoon | Evening |
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| 17   |     |  |  |  |         |       |           |         |
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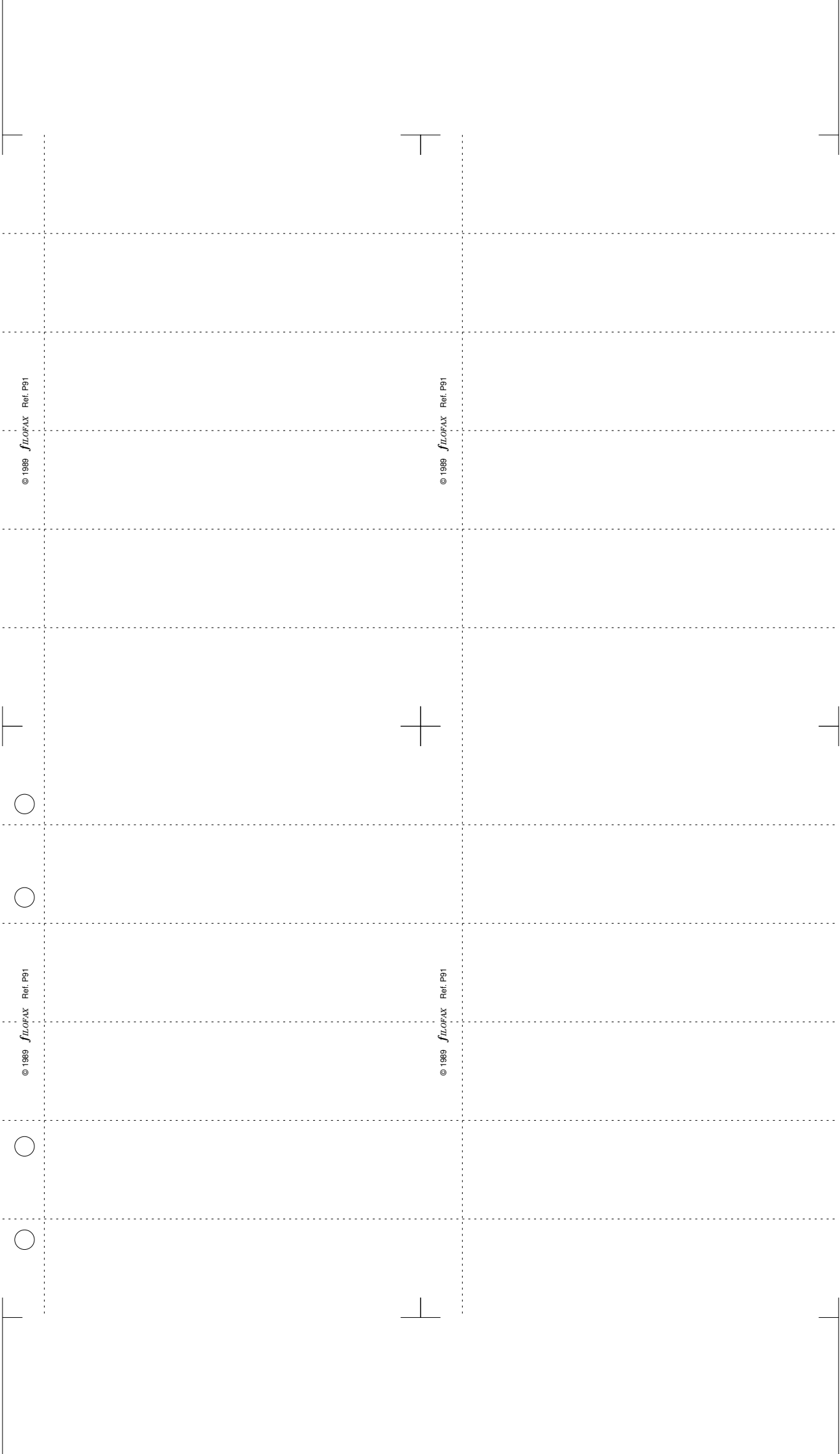




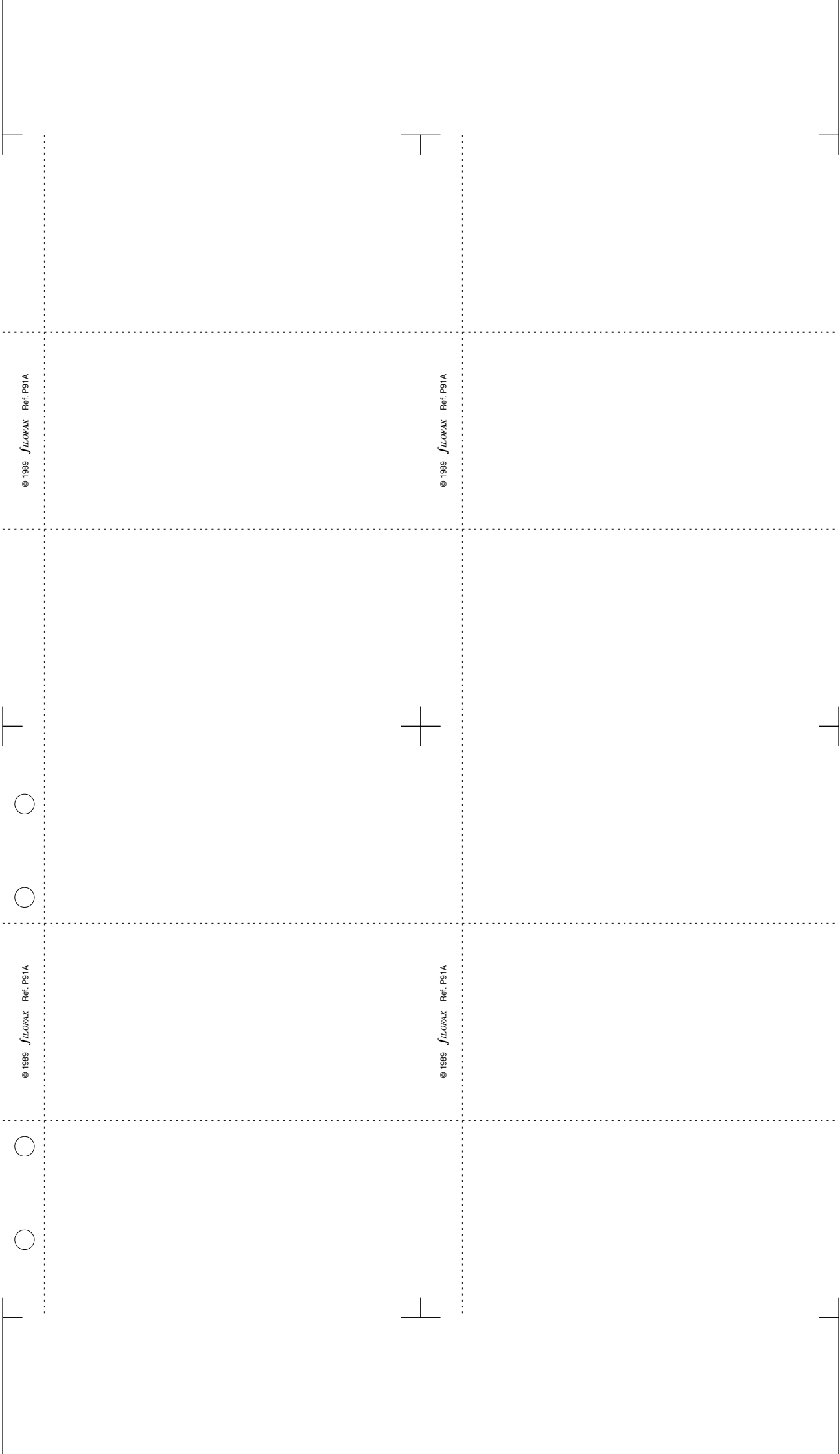














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### Special Reminder Record

### Special Reminder Record



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\*This column may also be used for fat units or kilojoules

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\*This column may also be used for fat units or kilojoules

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\*This column may also be used for fat units or kilojoules

### Daily Intake Record

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## Recipe

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### Telephone Message

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### Telephone Message

Shopping List

| Meat/Fish        | Canned Foods   |
|------------------|----------------|
|                  |                |
|                  |                |
|                  |                |
|                  |                |
|                  |                |
|                  |                |
| Vegetables/Fruit | Frozen Food    |
|                  |                |
|                  |                |
|                  |                |
|                  |                |
|                  |                |
| Drinks           | Dairy          |
|                  |                |
|                  |                |
|                  |                |
|                  |                |
| Bread & Cakes    | Herbs & Spices |
|                  |                |
|                  |                |
|                  | Pet Foods      |
|                  |                |
|                  |                |

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Shopping List

| Meat/Fish        | Canned Foods   |
|------------------|----------------|
|                  |                |
|                  |                |
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|                  |                |
|                  |                |
|                  |                |
| Vegetables/Fruit | Frozen Food    |
|                  |                |
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|                  |                |
|                  |                |
|                  |                |
| Drinks           | Dairy          |
|                  |                |
|                  |                |
|                  |                |
|                  |                |
| Bread & Cakes    | Herbs & Spices |
|                  |                |
|                  |                |
|                  | Pet Foods      |
|                  |                |
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Shopping List

| Meat/Fish        | Canned Foods   |
|------------------|----------------|
|                  |                |
|                  |                |
|                  |                |
|                  |                |
|                  |                |
| Vegetables/Fruit | Frozen Food    |
|                  |                |
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|                  |                |
| Drinks           | Dairy          |
|                  |                |
|                  |                |
|                  |                |
|                  |                |
| Bread & Cakes    | Herbs & Spices |
|                  |                |
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|                  | Pet Foods      |
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Shopping List

| Meat/Fish        | Canned Foods   |
|------------------|----------------|
|                  |                |
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| Vegetables/Fruit | Frozen Food    |
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| Drinks           | Dairy          |
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| Bread & Cakes    | Herbs & Spices |
|                  |                |
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|                  | Pet Foods      |
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## Shopping List

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## Shopping List

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## Shopping List

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## Shopping List

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| Players |      |    |      |    |      |    |      |  |  |  |  | + | - |
|---------|------|----|------|----|------|----|------|--|--|--|--|---|---|
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|         |      |    |      |    |      |    |      |  |  |  |  |   |   |
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Contract Bridge

| TRICK POINTS |                                               | Undoubled | Doubled  | Redoubled  |
|--------------|-----------------------------------------------|-----------|----------|------------|
|              | Odd Tricks bid and Won in-                    |           |          |            |
|              | Clubs or Diamonds, each ... ..                | 20        | 40       | 80         |
|              | Hearts or Spades, each ... ..                 | 30        | 60       | 120        |
|              | No Trump {first ... ..<br>each subsequent ... | 40<br>30  | 80<br>60 | 160<br>120 |

Vulnerability does not affect points for Odd Tricks.  
100 Trick Points constitute a game.

| PREMIUM POINTS | Overtricks-                                |                                                 | Not Vulnerable | Vulnerable  |
|----------------|--------------------------------------------|-------------------------------------------------|----------------|-------------|
|                |                                            |                                                 | Trick Value    | Trick Value |
|                | Undoubled, each ... ..                     |                                                 | 100            | <b>200</b>  |
|                | Doubled, each ... ..                       |                                                 | 200            | 400         |
|                | Redoubled ... ..                           |                                                 |                |             |
|                | Making Doubled or Redoubled Contract ... } |                                                 | 50             | 50          |
|                | Undertricks-                               | Undoubled, each ... ..                          | 50             | 100         |
|                |                                            | Doubled {first ... ..<br>each subsequent ... .. | 100<br>200     | 200<br>300  |
|                | Redoubled                                  | {first ... ..                                   | 200            | 400         |
|                |                                            | {each subsequent ... ..                         | 400            | 600         |

Redoubling doubles the doubled points for Overtricks and Undertricks and Contracts but does not affect the points for making Doubled Contracts.

| PREMIUM POINTS | Honours in One Hand | { 4 Trump Honours ... ..<br>5 Trump Honours or 4 Aces at No-Trump                      | 100<br>150  |
|----------------|---------------------|----------------------------------------------------------------------------------------|-------------|
|                | Slams Bid and Won   | { Little, not vulnerable 500, vulnerable ...<br>Grand, not vulnerable 1000, vulnerable | 750<br>1500 |
|                | Rubber              |                                                                                        |             |
|                | Points              | { Two game ... ..<br>Three game ... ..                                                 | 700<br>500  |

Unfinished Rubber - Winners of one game score 300 points.  
If but one side has a part score in an unfinished game, it scores 50 points.  
Doubling and Reboubling do not affect Honour, Slam or Rubber points.  
Vulnerability does not affect points for Honours.  
Honours - Scored above the line by either side.  
Trick points are scored below the line, and premium points above the line.

Contract Bridge

| TRICK POINTS |                                               | Undoubled | Doubled  | Redoubled  |
|--------------|-----------------------------------------------|-----------|----------|------------|
|              | Odd Tricks bid and Won in-                    |           |          |            |
|              | Clubs or Diamonds, each ... ..                | 20        | 40       | 80         |
|              | Hearts or Spades, each ... ..                 | 30        | 60       | 120        |
|              | No Trump {first ... ..<br>each subsequent ... | 40<br>30  | 80<br>60 | 160<br>120 |

Vulnerability does not affect points for Odd Tricks.  
100 Trick Points constitute a game.

| PREMIUM POINTS | Overtricks-                                |                                                 | Not Vulnerable | Vulnerable  |
|----------------|--------------------------------------------|-------------------------------------------------|----------------|-------------|
|                |                                            |                                                 | Trick Value    | Trick Value |
|                | Undoubled, each ... ..                     |                                                 | 100            | <b>200</b>  |
|                | Doubled, each ... ..                       |                                                 | 200            | 400         |
|                | Redoubled ... ..                           |                                                 |                |             |
|                | Making Doubled or Redoubled Contract ... } |                                                 | 50             | 50          |
|                | Undertricks-                               | Undoubled, each ... ..                          | 50             | 100         |
|                |                                            | Doubled {first ... ..<br>each subsequent ... .. | 100<br>200     | 200<br>300  |
|                | Redoubled                                  | {first ... ..                                   | 200            | 400         |
|                |                                            | {each subsequent ... ..                         | 400            | 600         |

Redoubling doubles the doubled points for Overtricks and Undertricks and Contracts but does not affect the points for making Doubled Contracts.

| PREMIUM POINTS | Honours in One Hand | { 4 Trump Honours ... ..<br>5 Trump Honours or 4 Aces at No-Trump                      | 100<br>150  |
|----------------|---------------------|----------------------------------------------------------------------------------------|-------------|
|                | Slams Bid and Won   | { Little, not vulnerable 500, vulnerable ...<br>Grand, not vulnerable 1000, vulnerable | 750<br>1500 |
|                | Rubber              |                                                                                        |             |
|                | Points              | { Two game ... ..<br>Three game ... ..                                                 | 700<br>500  |

Unfinished Rubber - Winners of one game score 300 points.  
If but one side has a part score in an unfinished game, it scores 50 points.  
Doubling and Reboubling do not affect Honour, Slam or Rubber points.  
Vulnerability does not affect points for Honours.  
Honours - Scored above the line by either side.  
Trick points are scored below the line, and premium points above the line.

Contract Bridge

| TRICK POINTS |                                               | Undoubled | Doubled  | Redoubled  |
|--------------|-----------------------------------------------|-----------|----------|------------|
|              | Odd Tricks bid and Won in-                    |           |          |            |
|              | Clubs or Diamonds, each ... ..                | 20        | 40       | 80         |
|              | Hearts or Spades, each ... ..                 | 30        | 60       | 120        |
|              | No Trump {first ... ..<br>each subsequent ... | 40<br>30  | 80<br>60 | 160<br>120 |

Vulnerability does not affect points for Odd Tricks.  
100 Trick Points constitute a game.

| PREMIUM POINTS | Overtricks-                                |                                                 | Not Vulnerable | Vulnerable  |
|----------------|--------------------------------------------|-------------------------------------------------|----------------|-------------|
|                |                                            |                                                 | Trick Value    | Trick Value |
|                | Undoubled, each ... ..                     |                                                 | 100            | <b>200</b>  |
|                | Doubled, each ... ..                       |                                                 | 200            | 400         |
|                | Redoubled ... ..                           |                                                 |                |             |
|                | Making Doubled or Redoubled Contract ... } |                                                 | 50             | 50          |
|                | Undertricks-                               | Undoubled, each ... ..                          | 50             | 100         |
|                |                                            | Doubled {first ... ..<br>each subsequent ... .. | 100<br>200     | 200<br>300  |
|                | Redoubled                                  | {first ... ..                                   | 200            | 400         |
|                |                                            | {each subsequent ... ..                         | 400            | 600         |

Redoubling doubles the doubled points for Overtricks and Undertricks and Contracts but does not affect the points for making Doubled Contracts.

| PREMIUM POINTS | Honours in One Hand | { 4 Trump Honours ... ..<br>5 Trump Honours or 4 Aces at No-Trump                      | 100<br>150  |
|----------------|---------------------|----------------------------------------------------------------------------------------|-------------|
|                | Slams Bid and Won   | { Little, not vulnerable 500, vulnerable ...<br>Grand, not vulnerable 1000, vulnerable | 750<br>1500 |
|                | Rubber              |                                                                                        |             |
|                | Points              | { Two game ... ..<br>Three game ... ..                                                 | 700<br>500  |

Unfinished Rubber - Winners of one game score 300 points.  
If but one side has a part score in an unfinished game, it scores 50 points.  
Doubling and Reboubling do not affect Honour, Slam or Rubber points.  
Vulnerability does not affect points for Honours.  
Honours - Scored above the line by either side.  
Trick points are scored below the line, and premium points above the line.

Contract Bridge

| TRICK POINTS |                                               | Undoubled | Doubled  | Redoubled  |
|--------------|-----------------------------------------------|-----------|----------|------------|
|              | Odd Tricks bid and Won in-                    |           |          |            |
|              | Clubs or Diamonds, each ... ..                | 20        | 40       | 80         |
|              | Hearts or Spades, each ... ..                 | 30        | 60       | 120        |
|              | No Trump {first ... ..<br>each subsequent ... | 40<br>30  | 80<br>60 | 160<br>120 |

Vulnerability does not affect points for Odd Tricks.  
100 Trick Points constitute a game.

| PREMIUM POINTS | Overtricks-                                |                                                 | Not Vulnerable | Vulnerable  |
|----------------|--------------------------------------------|-------------------------------------------------|----------------|-------------|
|                |                                            |                                                 | Trick Value    | Trick Value |
|                | Undoubled, each ... ..                     |                                                 | 100            | <b>200</b>  |
|                | Doubled, each ... ..                       |                                                 | 200            | 400         |
|                | Redoubled ... ..                           |                                                 |                |             |
|                | Making Doubled or Redoubled Contract ... } |                                                 | 50             | 50          |
|                | Undertricks-                               | Undoubled, each ... ..                          | 50             | 100         |
|                |                                            | Doubled {first ... ..<br>each subsequent ... .. | 100<br>200     | 200<br>300  |
|                | Redoubled                                  | {first ... ..                                   | 200            | 400         |
|                |                                            | {each subsequent ... ..                         | 400            | 600         |

Redoubling doubles the doubled points for Overtricks and Undertricks and Contracts but does not affect the points for making Doubled Contracts.

| PREMIUM POINTS | Honours in One Hand | { 4 Trump Honours ... ..<br>5 Trump Honours or 4 Aces at No-Trump                      | 100<br>150  |
|----------------|---------------------|----------------------------------------------------------------------------------------|-------------|
|                | Slams Bid and Won   | { Little, not vulnerable 500, vulnerable ...<br>Grand, not vulnerable 1000, vulnerable | 750<br>1500 |
|                | Rubber              |                                                                                        |             |
|                | Points              | { Two game ... ..<br>Three game ... ..                                                 | 700<br>500  |

Unfinished Rubber - Winners of one game score 300 points.  
If but one side has a part score in an unfinished game, it scores 50 points.  
Doubling and Reboubling do not affect Honour, Slam or Rubber points.  
Vulnerability does not affect points for Honours.  
Honours - Scored above the line by either side.  
Trick points are scored below the line, and premium points above the line.

## Cellar Notes

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## Cellar Notes

## Cellar Notes

Tasting Notes

|                  |         |
|------------------|---------|
| Wine             |         |
|                  | Vintage |
| Bottled by:      |         |
| Purchased (date) | Price   |
| Merchant         |         |
| Appearance       | Points  |
| Nose             |         |
| Palate           |         |
| Conclusions      | Total   |

Tasting Notes

|                  |         |
|------------------|---------|
| Wine             |         |
|                  | Vintage |
| Bottled by:      |         |
| Purchased (date) | Price   |
| Merchant         |         |
| Appearance       | Points  |
| Nose             |         |
| Palate           |         |
| Conclusions      | Total   |

Tasting Notes

|                  |         |
|------------------|---------|
| Wine             |         |
|                  | Vintage |
| Bottled by:      |         |
| Purchased (date) | Price   |
| Merchant         |         |
| Appearance       | Points  |
| Nose             |         |
| Palate           |         |
| Conclusions      | Total   |

Tasting Notes

|                  |         |
|------------------|---------|
| Wine             |         |
|                  | Vintage |
| Bottled by:      |         |
| Purchased (date) | Price   |
| Merchant         |         |
| Appearance       | Points  |
| Nose             |         |
| Palate           |         |
| Conclusions      | Total   |

Tasting Notes

|                  |  |         |
|------------------|--|---------|
| Wine             |  |         |
|                  |  | Vintage |
| Bottled by:      |  |         |
| Purchased (date) |  | Price   |
| Merchant         |  |         |
| Appearance       |  | Points  |
|                  |  |         |
| Nose             |  |         |
|                  |  |         |
| Palate           |  |         |
|                  |  |         |
| Conclusions      |  | Total   |
|                  |  |         |

Tasting Notes

|                  |  |         |
|------------------|--|---------|
| Wine             |  |         |
|                  |  | Vintage |
| Bottled by:      |  |         |
| Purchased (date) |  | Price   |
| Merchant         |  |         |
| Appearance       |  | Points  |
|                  |  |         |
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| Conclusions      |  | Total   |
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Tasting Notes

|                  |  |         |
|------------------|--|---------|
| Wine             |  |         |
|                  |  | Vintage |
| Bottled by:      |  |         |
| Purchased (date) |  | Price   |
| Merchant         |  |         |
| Appearance       |  | Points  |
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| Nose             |  |         |
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| Palate           |  |         |
|                  |  |         |
| Conclusions      |  | Total   |
|                  |  |         |

Tasting Notes

|                  |  |         |
|------------------|--|---------|
| Wine             |  |         |
|                  |  | Vintage |
| Bottled by:      |  |         |
| Purchased (date) |  | Price   |
| Merchant         |  |         |
| Appearance       |  | Points  |
|                  |  |         |
| Nose             |  |         |
|                  |  |         |
| Palate           |  |         |
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| Conclusions      |  | Total   |
|                  |  |         |

Chess Score Record

|       |       |       |      |       |       |
|-------|-------|-------|------|-------|-------|
| Event |       |       |      |       |       |
| Round |       |       | Date |       |       |
| White |       |       |      |       |       |
| Black |       |       |      |       |       |
|       | White | Black |      | White | Black |
| 1     |       |       | 21   |       |       |
| 2     |       |       | 22   |       |       |
| 3     |       |       | 23   |       |       |
| 4     |       |       | 24   |       |       |
| 5     |       |       | 25   |       |       |
| 6     |       |       | 26   |       |       |
| 7     |       |       | 27   |       |       |
| 8     |       |       | 28   |       |       |
| 9     |       |       | 29   |       |       |
| 10    |       |       | 30   |       |       |
| 11    |       |       | 31   |       |       |
| 12    |       |       | 32   |       |       |
| 13    |       |       | 33   |       |       |
| 14    |       |       | 34   |       |       |
| 15    |       |       | 35   |       |       |
| 16    |       |       | 36   |       |       |
| 17    |       |       | 37   |       |       |
| 18    |       |       | 38   |       |       |
| 19    |       |       | 39   |       |       |
| 20    |       |       | 40   |       |       |

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Chess Score Record

|       |       |       |      |       |       |
|-------|-------|-------|------|-------|-------|
| Event |       |       |      |       |       |
| Round |       |       | Date |       |       |
| White |       |       |      |       |       |
| Black |       |       |      |       |       |
|       | White | Black |      | White | Black |
| 1     |       |       | 21   |       |       |
| 2     |       |       | 22   |       |       |
| 3     |       |       | 23   |       |       |
| 4     |       |       | 24   |       |       |
| 5     |       |       | 25   |       |       |
| 6     |       |       | 26   |       |       |
| 7     |       |       | 27   |       |       |
| 8     |       |       | 28   |       |       |
| 9     |       |       | 29   |       |       |
| 10    |       |       | 30   |       |       |
| 11    |       |       | 31   |       |       |
| 12    |       |       | 32   |       |       |
| 13    |       |       | 33   |       |       |
| 14    |       |       | 34   |       |       |
| 15    |       |       | 35   |       |       |
| 16    |       |       | 36   |       |       |
| 17    |       |       | 37   |       |       |
| 18    |       |       | 38   |       |       |
| 19    |       |       | 39   |       |       |
| 20    |       |       | 40   |       |       |

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Chess Score Record

|       |       |       |      |       |       |
|-------|-------|-------|------|-------|-------|
| Event |       |       |      |       |       |
| Round |       |       | Date |       |       |
| White |       |       |      |       |       |
| Black |       |       |      |       |       |
|       | White | Black |      | White | Black |
| 1     |       |       | 21   |       |       |
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| 15    |       |       | 35   |       |       |
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| 17    |       |       | 37   |       |       |
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| 19    |       |       | 39   |       |       |
| 20    |       |       | 40   |       |       |

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Chess Score Record

|       |       |       |      |       |       |
|-------|-------|-------|------|-------|-------|
| Event |       |       |      |       |       |
| Round |       |       | Date |       |       |
| White |       |       |      |       |       |
| Black |       |       |      |       |       |
|       | White | Black |      | White | Black |
| 1     |       |       | 21   |       |       |
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| 16    |       |       | 36   |       |       |
| 17    |       |       | 37   |       |       |
| 18    |       |       | 38   |       |       |
| 19    |       |       | 39   |       |       |
| 20    |       |       | 40   |       |       |

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Chess Score Record

| White |  | Black | White |  | Black |
|-------|--|-------|-------|--|-------|
| 41    |  |       | 65    |  |       |
| 42    |  |       | 66    |  |       |
| 43    |  |       | 67    |  |       |
| 44    |  |       | 68    |  |       |
| 45    |  |       | 69    |  |       |
| 46    |  |       | 70    |  |       |
| 47    |  |       | 71    |  |       |
| 48    |  |       | 72    |  |       |
| 49    |  |       | 73    |  |       |
| 50    |  |       | 74    |  |       |
| 51    |  |       | 75    |  |       |
| 52    |  |       | 76    |  |       |
| 53    |  |       | 77    |  |       |
| 54    |  |       | 78    |  |       |
| 55    |  |       | 79    |  |       |
| 56    |  |       | 80    |  |       |
| 57    |  |       | 81    |  |       |
| 58    |  |       | 82    |  |       |
| 59    |  |       | 83    |  |       |
| 60    |  |       | 84    |  |       |
| 61    |  |       | 85    |  |       |
| 62    |  |       | 86    |  |       |
| 63    |  |       | 87    |  |       |
| 64    |  |       | 88    |  |       |

Chess Score Record

| White |  | Black | White |  | Black |
|-------|--|-------|-------|--|-------|
| 41    |  |       | 65    |  |       |
| 42    |  |       | 66    |  |       |
| 43    |  |       | 67    |  |       |
| 44    |  |       | 68    |  |       |
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| 49    |  |       | 73    |  |       |
| 50    |  |       | 74    |  |       |
| 51    |  |       | 75    |  |       |
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| 56    |  |       | 80    |  |       |
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Chess Score Record

| White |  | Black | White |  | Black |
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Chess Score Record

| White |  | Black | White |  | Black |
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Function Planner

|            |      |        |
|------------|------|--------|
| Function   |      |        |
|            |      |        |
| Venue      |      |        |
|            |      |        |
| Date       |      |        |
| Guest List |      |        |
|            | Name | Accept |
| 1          |      |        |
| 2          |      |        |
| 3          |      |        |
| 4          |      |        |
| 5          |      |        |
| 6          |      |        |
| 7          |      |        |
| 8          |      |        |
| 9          |      |        |
| 10         |      |        |
| 11         |      |        |
| 12         |      |        |
| 13         |      |        |
| 14         |      |        |
| 15         |      |        |
| 16         |      |        |
| 17         |      |        |
| 18         |      |        |

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Function Planner

|            |      |        |
|------------|------|--------|
| Function   |      |        |
|            |      |        |
| Venue      |      |        |
|            |      |        |
| Date       |      |        |
| Guest List |      |        |
|            | Name | Accept |
| 1          |      |        |
| 2          |      |        |
| 3          |      |        |
| 4          |      |        |
| 5          |      |        |
| 6          |      |        |
| 7          |      |        |
| 8          |      |        |
| 9          |      |        |
| 10         |      |        |
| 11         |      |        |
| 12         |      |        |
| 13         |      |        |
| 14         |      |        |
| 15         |      |        |
| 16         |      |        |
| 17         |      |        |
| 18         |      |        |

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Function Planner

|            |      |        |
|------------|------|--------|
| Function   |      |        |
|            |      |        |
| Venue      |      |        |
|            |      |        |
| Date       |      |        |
| Guest List |      |        |
|            | Name | Accept |
| 1          |      |        |
| 2          |      |        |
| 3          |      |        |
| 4          |      |        |
| 5          |      |        |
| 6          |      |        |
| 7          |      |        |
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Function Planner

|            |      |        |
|------------|------|--------|
| Function   |      |        |
|            |      |        |
| Venue      |      |        |
|            |      |        |
| Date       |      |        |
| Guest List |      |        |
|            | Name | Accept |
| 1          |      |        |
| 2          |      |        |
| 3          |      |        |
| 4          |      |        |
| 5          |      |        |
| 6          |      |        |
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| 18         |      |        |

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Travel Itinerary

|                                           |                         |
|-------------------------------------------|-------------------------|
| Date                                      | Flight<br>Train<br>Ship |
| Carrier                                   |                         |
| Depart from                               | Time                    |
| Arrive at                                 | Time                    |
| Transport: Taxi   Limousine   Bus   Train |                         |
| Car Hire Company                          |                         |
| Hotel                                     |                         |
| Address                                   |                         |
|                                           |                         |
| Telephone                                 | Telex                   |
| Notes                                     |                         |
|                                           |                         |
|                                           |                         |
| Date                                      | Flight<br>Train<br>Ship |
| Carrier                                   |                         |
| Depart from                               | Time                    |
| Arrive at                                 | Time                    |
| Transport: Taxi   Limousine   Bus   Train |                         |
| Car Hire Company                          |                         |
| Hotel                                     |                         |
| Address                                   |                         |
|                                           |                         |
| Telephone                                 | Telex                   |
| Notes                                     |                         |
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Travel Itinerary

|                                           |                         |
|-------------------------------------------|-------------------------|
| Date                                      | Flight<br>Train<br>Ship |
| Carrier                                   |                         |
| Depart from                               | Time                    |
| Arrive at                                 | Time                    |
| Transport: Taxi   Limousine   Bus   Train |                         |
| Car Hire Company                          |                         |
| Hotel                                     |                         |
| Address                                   |                         |
|                                           |                         |
| Telephone                                 | Telex                   |
| Notes                                     |                         |
|                                           |                         |
|                                           |                         |
| Date                                      | Flight<br>Train<br>Ship |
| Carrier                                   |                         |
| Depart from                               | Time                    |
| Arrive at                                 | Time                    |
| Transport: Taxi   Limousine   Bus   Train |                         |
| Car Hire Company                          |                         |
| Hotel                                     |                         |
| Address                                   |                         |
|                                           |                         |
| Telephone                                 | Telex                   |
| Notes                                     |                         |
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Travel Itinerary

|                                           |                         |
|-------------------------------------------|-------------------------|
| Date                                      | Flight<br>Train<br>Ship |
| Carrier                                   |                         |
| Depart from                               | Time                    |
| Arrive at                                 | Time                    |
| Transport: Taxi   Limousine   Bus   Train |                         |
| Car Hire Company                          |                         |
| Hotel                                     |                         |
| Address                                   |                         |
|                                           |                         |
| Telephone                                 | Telex                   |
| Notes                                     |                         |
|                                           |                         |
|                                           |                         |
| Date                                      | Flight<br>Train<br>Ship |
| Carrier                                   |                         |
| Depart from                               | Time                    |
| Arrive at                                 | Time                    |
| Transport: Taxi   Limousine   Bus   Train |                         |
| Car Hire Company                          |                         |
| Hotel                                     |                         |
| Address                                   |                         |
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| Telephone                                 | Telex                   |
| Notes                                     |                         |
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Travel Itinerary

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|-------------------------------------------|-------------------------|
| Date                                      | Flight<br>Train<br>Ship |
| Carrier                                   |                         |
| Depart from                               | Time                    |
| Arrive at                                 | Time                    |
| Transport: Taxi   Limousine   Bus   Train |                         |
| Car Hire Company                          |                         |
| Hotel                                     |                         |
| Address                                   |                         |
|                                           |                         |
| Telephone                                 | Telex                   |
| Notes                                     |                         |
|                                           |                         |
|                                           |                         |
| Date                                      | Flight<br>Train<br>Ship |
| Carrier                                   |                         |
| Depart from                               | Time                    |
| Arrive at                                 | Time                    |
| Transport: Taxi   Limousine   Bus   Train |                         |
| Car Hire Company                          |                         |
| Hotel                                     |                         |
| Address                                   |                         |
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| Telephone                                 | Telex                   |
| Notes                                     |                         |
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Travel Itinerary

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|-------------------------------------------|-------------------------|
| Date                                      | Flight<br>Train<br>Ship |
| Carrier                                   |                         |
| Depart from                               | Time                    |
| Arrive at                                 | Time                    |
| Transport: Taxi   Limousine   Bus   Train |                         |
| Car Hire Company                          |                         |
| Hotel                                     |                         |
| Address                                   |                         |
|                                           |                         |
| Telephone                                 | Telex                   |
| Notes                                     |                         |
|                                           |                         |
|                                           |                         |
| Date                                      | Flight<br>Train<br>Ship |
| Carrier                                   |                         |
| Depart from                               | Time                    |
| Arrive at                                 | Time                    |
| Transport: Taxi   Limousine   Bus   Train |                         |
| Car Hire Company                          |                         |
| Hotel                                     |                         |
| Address                                   |                         |
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| Telephone                                 | Telex                   |
| Notes                                     |                         |
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Travel Itinerary

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|-------------------------------------------|-------------------------|
| Date                                      | Flight<br>Train<br>Ship |
| Carrier                                   |                         |
| Depart from                               | Time                    |
| Arrive at                                 | Time                    |
| Transport: Taxi   Limousine   Bus   Train |                         |
| Car Hire Company                          |                         |
| Hotel                                     |                         |
| Address                                   |                         |
|                                           |                         |
| Telephone                                 | Telex                   |
| Notes                                     |                         |
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|                                           |                         |
| Date                                      | Flight<br>Train<br>Ship |
| Carrier                                   |                         |
| Depart from                               | Time                    |
| Arrive at                                 | Time                    |
| Transport: Taxi   Limousine   Bus   Train |                         |
| Car Hire Company                          |                         |
| Hotel                                     |                         |
| Address                                   |                         |
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| Telephone                                 | Telex                   |
| Notes                                     |                         |
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Travel Itinerary

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|-------------------------------------------|-------------------------|
| Date                                      | Flight<br>Train<br>Ship |
| Carrier                                   |                         |
| Depart from                               | Time                    |
| Arrive at                                 | Time                    |
| Transport: Taxi   Limousine   Bus   Train |                         |
| Car Hire Company                          |                         |
| Hotel                                     |                         |
| Address                                   |                         |
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| Telephone                                 | Telex                   |
| Notes                                     |                         |
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| Date                                      | Flight<br>Train<br>Ship |
| Carrier                                   |                         |
| Depart from                               | Time                    |
| Arrive at                                 | Time                    |
| Transport: Taxi   Limousine   Bus   Train |                         |
| Car Hire Company                          |                         |
| Hotel                                     |                         |
| Address                                   |                         |
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| Telephone                                 | Telex                   |
| Notes                                     |                         |
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Travel Itinerary

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|-------------------------------------------|-------------------------|
| Date                                      | Flight<br>Train<br>Ship |
| Carrier                                   |                         |
| Depart from                               | Time                    |
| Arrive at                                 | Time                    |
| Transport: Taxi   Limousine   Bus   Train |                         |
| Car Hire Company                          |                         |
| Hotel                                     |                         |
| Address                                   |                         |
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| Telephone                                 | Telex                   |
| Notes                                     |                         |
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|                                           |                         |
| Date                                      | Flight<br>Train<br>Ship |
| Carrier                                   |                         |
| Depart from                               | Time                    |
| Arrive at                                 | Time                    |
| Transport: Taxi   Limousine   Bus   Train |                         |
| Car Hire Company                          |                         |
| Hotel                                     |                         |
| Address                                   |                         |
|                                           |                         |
| Telephone                                 | Telex                   |
| Notes                                     |                         |
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### Credit Card Charges

### Credit Card Charges







### Bank Account

[illegible]

### Bank Account

[illegible]

### Bank Account

[illegible]

### Bank Account

[illegible]

## Card & Gift Record

| Cards Sent |  |  |  |  | Name and Address |  | Cards Received |      |  |  |  |
|------------|--|--|--|--|------------------|--|----------------|------|--|--|--|
| Card       |  |  |  |  |                  |  |                | Card |  |  |  |
| Gift       |  |  |  |  |                  |  |                | Gift |  |  |  |
| Card       |  |  |  |  |                  |  |                | Card |  |  |  |
| Gift       |  |  |  |  |                  |  |                | Gift |  |  |  |
| Card       |  |  |  |  |                  |  |                | Card |  |  |  |
| Gift       |  |  |  |  |                  |  |                | Gift |  |  |  |
| Card       |  |  |  |  |                  |  |                | Card |  |  |  |
| Gift       |  |  |  |  |                  |  |                | Gift |  |  |  |
| Card       |  |  |  |  |                  |  |                | Card |  |  |  |
| Gift       |  |  |  |  |                  |  |                | Gift |  |  |  |
| Card       |  |  |  |  |                  |  |                | Card |  |  |  |
| Gift       |  |  |  |  |                  |  |                | Gift |  |  |  |
| Card       |  |  |  |  |                  |  |                | Card |  |  |  |
| Gift       |  |  |  |  |                  |  |                | Gift |  |  |  |
| Card       |  |  |  |  |                  |  |                | Card |  |  |  |
| Gift       |  |  |  |  |                  |  |                | Gift |  |  |  |
| Card       |  |  |  |  |                  |  |                | Card |  |  |  |
| Gift       |  |  |  |  |                  |  |                | Gift |  |  |  |

### Card & Gift Record

[illegible]

## Card & Gift Record

| Cards Sent |  |  |  |  | Name and Address | Cards Received |  |  |  |
|------------|--|--|--|--|------------------|----------------|--|--|--|
|            |  |  |  |  |                  |                |  |  |  |
| Card       |  |  |  |  |                  | Card           |  |  |  |
| Gift       |  |  |  |  |                  | Gift           |  |  |  |
| Card       |  |  |  |  |                  | Card           |  |  |  |
| Gift       |  |  |  |  |                  | Gift           |  |  |  |
| Card       |  |  |  |  |                  | Card           |  |  |  |
| Gift       |  |  |  |  |                  | Gift           |  |  |  |
| Card       |  |  |  |  |                  | Card           |  |  |  |
| Gift       |  |  |  |  |                  | Gift           |  |  |  |
| Card       |  |  |  |  |                  | Card           |  |  |  |
| Gift       |  |  |  |  |                  | Gift           |  |  |  |
| Card       |  |  |  |  |                  | Card           |  |  |  |
| Gift       |  |  |  |  |                  | Gift           |  |  |  |
| Card       |  |  |  |  |                  | Card           |  |  |  |
| Gift       |  |  |  |  |                  | Gift           |  |  |  |
| Card       |  |  |  |  |                  | Card           |  |  |  |
| Gift       |  |  |  |  |                  | Gift           |  |  |  |

### Card & Gift Record

| Cards Sent |  |  |  |  |  |  |  |  |  | Name and Address | Cards Received |  |  |  |      |  |  |  |  |
|------------|--|--|--|--|--|--|--|--|--|------------------|----------------|--|--|--|------|--|--|--|--|
|            |  |  |  |  |  |  |  |  |  |                  |                |  |  |  |      |  |  |  |  |
| Card       |  |  |  |  |  |  |  |  |  |                  |                |  |  |  | Card |  |  |  |  |
| Gift       |  |  |  |  |  |  |  |  |  |                  |                |  |  |  | Gift |  |  |  |  |
| Card       |  |  |  |  |  |  |  |  |  |                  |                |  |  |  | Card |  |  |  |  |
| Gift       |  |  |  |  |  |  |  |  |  |                  |                |  |  |  | Gift |  |  |  |  |
| Card       |  |  |  |  |  |  |  |  |  |                  |                |  |  |  | Card |  |  |  |  |
| Gift       |  |  |  |  |  |  |  |  |  |                  |                |  |  |  | Gift |  |  |  |  |
| Card       |  |  |  |  |  |  |  |  |  |                  |                |  |  |  | Card |  |  |  |  |
| Gift       |  |  |  |  |  |  |  |  |  |                  |                |  |  |  | Gift |  |  |  |  |
| Card       |  |  |  |  |  |  |  |  |  |                  |                |  |  |  | Card |  |  |  |  |
| Gift       |  |  |  |  |  |  |  |  |  |                  |                |  |  |  | Gift |  |  |  |  |
| Card       |  |  |  |  |  |  |  |  |  |                  |                |  |  |  | Card |  |  |  |  |
| Gift       |  |  |  |  |  |  |  |  |  |                  |                |  |  |  | Gift |  |  |  |  |
| Card       |  |  |  |  |  |  |  |  |  |                  |                |  |  |  | Card |  |  |  |  |
| Gift       |  |  |  |  |  |  |  |  |  |                  |                |  |  |  | Gift |  |  |  |  |



[illegible]

## Golf Record

[illegible]

## Golf Record

[illegible]

## Golf Record

[illegible]

## Golf Record



### Skiing Record

[illegible]

### Skiing Record

[illegible]





## Snooker Record

## Snooker Record





























Personal Expense Log

| Week Beginning |        |       |         |  |
|----------------|--------|-------|---------|--|
| Item           | Amount | Rept. | N/Rept. |  |
| Monday         |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
| Tuesday        |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
| Wednesday      |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
| Thursday       |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
| Subtotal       |        |       |         |  |

Personal Expense Log

| Week Beginning |        |       |         |  |
|----------------|--------|-------|---------|--|
| Item           | Amount | Rept. | N/Rept. |  |
| Monday         |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
| Tuesday        |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
| Wednesday      |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
| Thursday       |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
| Subtotal       |        |       |         |  |

Personal Expense Log

| Week Beginning |        |       |         |  |
|----------------|--------|-------|---------|--|
| Item           | Amount | Rept. | N/Rept. |  |
| Monday         |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
| Tuesday        |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
| Wednesday      |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
| Thursday       |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
| Subtotal       |        |       |         |  |

Personal Expense Log

| Week Beginning |        |       |         |  |
|----------------|--------|-------|---------|--|
| Item           | Amount | Rept. | N/Rept. |  |
| Monday         |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
| Tuesday        |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
| Wednesday      |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
| Thursday       |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
|                |        |       |         |  |
| Subtotal       |        |       |         |  |

Personal Expense Log

| Week Beginning |        |  |       |         |
|----------------|--------|--|-------|---------|
| Item           | Amount |  | Rept. | N/Rept. |
| Friday         |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
| Saturday       |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
| Sunday         |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
| Sundry         |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
| Total          |        |  |       |         |

Personal Expense Log

| Week Beginning |        |  |       |         |
|----------------|--------|--|-------|---------|
| Item           | Amount |  | Rept. | N/Rept. |
| Friday         |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
| Saturday       |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
| Sunday         |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
| Sundry         |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
| Total          |        |  |       |         |

Personal Expense Log

| Week Beginning |        |  |       |         |
|----------------|--------|--|-------|---------|
| Item           | Amount |  | Rept. | N/Rept. |
| Friday         |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
| Saturday       |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
| Sunday         |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
| Sundry         |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
| Total          |        |  |       |         |

Personal Expense Log

| Week Beginning |        |  |       |         |
|----------------|--------|--|-------|---------|
| Item           | Amount |  | Rept. | N/Rept. |
| Friday         |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
| Saturday       |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
| Sunday         |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
| Sundry         |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
|                |        |  |       |         |
| Total          |        |  |       |         |



Personal Services

|                           |       |
|---------------------------|-------|
| City                      | State |
| County                    |       |
| Hair Salon                |       |
|                           |       |
| Cleaners/Laundry          |       |
|                           |       |
| Tailor/Seamstress         |       |
|                           |       |
| Shoe Repair               |       |
|                           |       |
| Jewelry/Watch Repair      |       |
|                           |       |
| Wine/Liquor Merchant      |       |
|                           |       |
| Florist                   |       |
|                           |       |
| Candy, Cookies, Ice Cream |       |
|                           |       |
| Favorite Fast Food        |       |
|                           |       |
| Doctor/Optometrlist       |       |
|                           |       |
| Pharmacy                  |       |
|                           |       |
| Place of Worship          |       |
|                           |       |
| Country Club/Gym          |       |
|                           |       |
| Car Rental/Air Line Info  |       |
|                           |       |
| Other                     |       |
|                           |       |
|                           |       |

Personal Services

|                           |       |
|---------------------------|-------|
| City                      | State |
| County                    |       |
| Hair Salon                |       |
|                           |       |
| Cleaners/Laundry          |       |
|                           |       |
| Tailor/Seamstress         |       |
|                           |       |
| Shoe Repair               |       |
|                           |       |
| Jewelry/Watch Repair      |       |
|                           |       |
| Wine/Liquor Merchant      |       |
|                           |       |
| Florist                   |       |
|                           |       |
| Candy, Cookies, Ice Cream |       |
|                           |       |
| Favorite Fast Food        |       |
|                           |       |
| Doctor/Optometrlist       |       |
|                           |       |
| Pharmacy                  |       |
|                           |       |
| Place of Worship          |       |
|                           |       |
| Country Club/Gym          |       |
|                           |       |
| Car Rental/Air Line Info  |       |
|                           |       |
| Other                     |       |
|                           |       |
|                           |       |

Personal Services

|                           |       |
|---------------------------|-------|
| City                      | State |
| County                    |       |
| Hair Salon                |       |
|                           |       |
| Cleaners/Laundry          |       |
|                           |       |
| Tailor/Seamstress         |       |
|                           |       |
| Shoe Repair               |       |
|                           |       |
| Jewelry/Watch Repair      |       |
|                           |       |
| Wine/Liquor Merchant      |       |
|                           |       |
| Florist                   |       |
|                           |       |
| Candy, Cookies, Ice Cream |       |
|                           |       |
| Favorite Fast Food        |       |
|                           |       |
| Doctor/Optometrlist       |       |
|                           |       |
| Pharmacy                  |       |
|                           |       |
| Place of Worship          |       |
|                           |       |
| Country Club/Gym          |       |
|                           |       |
| Car Rental/Air Line Info  |       |
|                           |       |
| Other                     |       |
|                           |       |
|                           |       |

Personal Services

|                           |       |
|---------------------------|-------|
| City                      | State |
| County                    |       |
| Hair Salon                |       |
|                           |       |
| Cleaners/Laundry          |       |
|                           |       |
| Tailor/Seamstress         |       |
|                           |       |
| Shoe Repair               |       |
|                           |       |
| Jewelry/Watch Repair      |       |
|                           |       |
| Wine/Liquor Merchant      |       |
|                           |       |
| Florist                   |       |
|                           |       |
| Candy, Cookies, Ice Cream |       |
|                           |       |
| Favorite Fast Food        |       |
|                           |       |
| Doctor/Optometrlist       |       |
|                           |       |
| Pharmacy                  |       |
|                           |       |
| Place of Worship          |       |
|                           |       |
| Country Club/Gym          |       |
|                           |       |
| Car Rental/Air Line Info  |       |
|                           |       |
| Other                     |       |
|                           |       |
|                           |       |

Personal Services

|                           |       |
|---------------------------|-------|
| City                      | State |
| County                    |       |
| Hair Salon                |       |
|                           |       |
| Cleaners/Laundry          |       |
|                           |       |
| Tailor/Seamstress         |       |
|                           |       |
| Shoe Repair               |       |
|                           |       |
| Jewelry/Watch Repair      |       |
|                           |       |
| Wine/Liquor Merchant      |       |
|                           |       |
| Florist                   |       |
|                           |       |
| Candy, Cookies, Ice Cream |       |
|                           |       |
| Favorite Fast Food        |       |
|                           |       |
| Doctor/Optometrlist       |       |
|                           |       |
| Pharmacy                  |       |
|                           |       |
| Place of Worship          |       |
|                           |       |
| Country Club/Gym          |       |
|                           |       |
| Car Rental/Air Line Info  |       |
|                           |       |
| Other                     |       |
|                           |       |
|                           |       |

Personal Services

|                           |       |
|---------------------------|-------|
| City                      | State |
| County                    |       |
| Hair Salon                |       |
|                           |       |
| Cleaners/Laundry          |       |
|                           |       |
| Tailor/Seamstress         |       |
|                           |       |
| Shoe Repair               |       |
|                           |       |
| Jewelry/Watch Repair      |       |
|                           |       |
| Wine/Liquor Merchant      |       |
|                           |       |
| Florist                   |       |
|                           |       |
| Candy, Cookies, Ice Cream |       |
|                           |       |
| Favorite Fast Food        |       |
|                           |       |
| Doctor/Optometrlist       |       |
|                           |       |
| Pharmacy                  |       |
|                           |       |
| Place of Worship          |       |
|                           |       |
| Country Club/Gym          |       |
|                           |       |
| Car Rental/Air Line Info  |       |
|                           |       |
| Other                     |       |
|                           |       |
|                           |       |

Personal Services

|                           |       |
|---------------------------|-------|
| City                      | State |
| County                    |       |
| Hair Salon                |       |
|                           |       |
| Cleaners/Laundry          |       |
|                           |       |
| Tailor/Seamstress         |       |
|                           |       |
| Shoe Repair               |       |
|                           |       |
| Jewelry/Watch Repair      |       |
|                           |       |
| Wine/Liquor Merchant      |       |
|                           |       |
| Florist                   |       |
|                           |       |
| Candy, Cookies, Ice Cream |       |
|                           |       |
| Favorite Fast Food        |       |
|                           |       |
| Doctor/Optometrlist       |       |
|                           |       |
| Pharmacy                  |       |
|                           |       |
| Place of Worship          |       |
|                           |       |
| Country Club/Gym          |       |
|                           |       |
| Car Rental/Air Line Info  |       |
|                           |       |
| Other                     |       |
|                           |       |
|                           |       |

Personal Services

|                           |       |
|---------------------------|-------|
| City                      | State |
| County                    |       |
| Hair Salon                |       |
|                           |       |
| Cleaners/Laundry          |       |
|                           |       |
| Tailor/Seamstress         |       |
|                           |       |
| Shoe Repair               |       |
|                           |       |
| Jewelry/Watch Repair      |       |
|                           |       |
| Wine/Liquor Merchant      |       |
|                           |       |
| Florist                   |       |
|                           |       |
| Candy, Cookies, Ice Cream |       |
|                           |       |
| Favorite Fast Food        |       |
|                           |       |
| Doctor/Optometrlist       |       |
|                           |       |
| Pharmacy                  |       |
|                           |       |
| Place of Worship          |       |
|                           |       |
| Country Club/Gym          |       |
|                           |       |
| Car Rental/Air Line Info  |       |
|                           |       |
| Other                     |       |
|                           |       |
|                           |       |

**Personal Contact Record**

|                   |          |     |
|-------------------|----------|-----|
| Name              |          |     |
| Company           | Position |     |
| Address           |          |     |
| City              | State    | Zip |
| Country           |          |     |
| Business #        | Home #   |     |
| Where Met         |          |     |
|                   |          |     |
| Spouse            |          |     |
|                   |          |     |
| Children          |          |     |
|                   |          |     |
|                   |          |     |
| Birthdays         |          |     |
|                   |          |     |
|                   |          |     |
| Special Interests |          |     |
|                   |          |     |
|                   |          |     |
|                   |          |     |
| Other Information |          |     |
|                   |          |     |
|                   |          |     |
|                   |          |     |

**Personal Contact Record**

|                   |          |     |
|-------------------|----------|-----|
| Name              |          |     |
| Company           | Position |     |
| Address           |          |     |
| City              | State    | Zip |
| Country           |          |     |
| Business #        | Home #   |     |
| Where Met         |          |     |
|                   |          |     |
| Spouse            |          |     |
|                   |          |     |
| Children          |          |     |
|                   |          |     |
|                   |          |     |
| Birthdays         |          |     |
|                   |          |     |
|                   |          |     |
| Special Interests |          |     |
|                   |          |     |
|                   |          |     |
|                   |          |     |
| Other Information |          |     |
|                   |          |     |
|                   |          |     |
|                   |          |     |

**Personal Contact Record**

|                   |          |     |
|-------------------|----------|-----|
| Name              |          |     |
| Company           | Position |     |
| Address           |          |     |
| City              | State    | Zip |
| Country           |          |     |
| Business #        | Home #   |     |
| Where Met         |          |     |
|                   |          |     |
| Spouse            |          |     |
|                   |          |     |
| Children          |          |     |
|                   |          |     |
|                   |          |     |
| Birthdays         |          |     |
|                   |          |     |
|                   |          |     |
| Special Interests |          |     |
|                   |          |     |
|                   |          |     |
|                   |          |     |
| Other Information |          |     |
|                   |          |     |
|                   |          |     |
|                   |          |     |

**Personal Contact Record**

|                   |          |     |
|-------------------|----------|-----|
| Name              |          |     |
| Company           | Position |     |
| Address           |          |     |
| City              | State    | Zip |
| Country           |          |     |
| Business #        | Home #   |     |
| Where Met         |          |     |
|                   |          |     |
| Spouse            |          |     |
|                   |          |     |
| Children          |          |     |
|                   |          |     |
|                   |          |     |
| Birthdays         |          |     |
|                   |          |     |
|                   |          |     |
| Special Interests |          |     |
|                   |          |     |
|                   |          |     |
|                   |          |     |
| Other Information |          |     |
|                   |          |     |
|                   |          |     |
|                   |          |     |

**Personal Contact Record**

|                   |          |     |
|-------------------|----------|-----|
| Name              |          |     |
| Company           | Position |     |
| Address           |          |     |
| City              | State    | Zip |
| Country           |          |     |
| Business #        | Home #   |     |
| Where Met         |          |     |
|                   |          |     |
| Spouse            |          |     |
|                   |          |     |
| Children          |          |     |
|                   |          |     |
|                   |          |     |
| Birthdays         |          |     |
|                   |          |     |
|                   |          |     |
| Special Interests |          |     |
|                   |          |     |
|                   |          |     |
|                   |          |     |
|                   |          |     |
| Other Information |          |     |
|                   |          |     |
|                   |          |     |
|                   |          |     |
|                   |          |     |

**Personal Contact Record**

|                   |          |     |
|-------------------|----------|-----|
| Name              |          |     |
| Company           | Position |     |
| Address           |          |     |
| City              | State    | Zip |
| Country           |          |     |
| Business #        | Home #   |     |
| Where Met         |          |     |
|                   |          |     |
| Spouse            |          |     |
|                   |          |     |
| Children          |          |     |
|                   |          |     |
|                   |          |     |
| Birthdays         |          |     |
|                   |          |     |
|                   |          |     |
| Special Interests |          |     |
|                   |          |     |
|                   |          |     |
|                   |          |     |
|                   |          |     |
| Other Information |          |     |
|                   |          |     |
|                   |          |     |
|                   |          |     |
|                   |          |     |

**Personal Contact Record**

|                   |          |     |
|-------------------|----------|-----|
| Name              |          |     |
| Company           | Position |     |
| Address           |          |     |
| City              | State    | Zip |
| Country           |          |     |
| Business #        | Home #   |     |
| Where Met         |          |     |
|                   |          |     |
| Spouse            |          |     |
|                   |          |     |
| Children          |          |     |
|                   |          |     |
|                   |          |     |
| Birthdays         |          |     |
|                   |          |     |
|                   |          |     |
| Special Interests |          |     |
|                   |          |     |
|                   |          |     |
|                   |          |     |
|                   |          |     |
| Other Information |          |     |
|                   |          |     |
|                   |          |     |
|                   |          |     |
|                   |          |     |

**Personal Contact Record**

|                   |          |     |
|-------------------|----------|-----|
| Name              |          |     |
| Company           | Position |     |
| Address           |          |     |
| City              | State    | Zip |
| Country           |          |     |
| Business #        | Home #   |     |
| Where Met         |          |     |
|                   |          |     |
| Spouse            |          |     |
|                   |          |     |
| Children          |          |     |
|                   |          |     |
|                   |          |     |
| Birthdays         |          |     |
|                   |          |     |
|                   |          |     |
| Special Interests |          |     |
|                   |          |     |
|                   |          |     |
|                   |          |     |
|                   |          |     |
| Other Information |          |     |
|                   |          |     |
|                   |          |     |
|                   |          |     |
|                   |          |     |

### Home Entertainment

|                              |                 |
|------------------------------|-----------------|
| Date                         |                 |
| Occasion                     |                 |
| Guests                       | Firm & Position |
|                              |                 |
|                              |                 |
|                              |                 |
|                              |                 |
|                              |                 |
|                              |                 |
|                              |                 |
| Theme                        |                 |
| Attire                       |                 |
| Flowers/Florist              |                 |
| Caterer                      |                 |
| Menu                         |                 |
|                              |                 |
|                              |                 |
|                              |                 |
|                              |                 |
| Wine/Guest Drink Preferences |                 |
|                              |                 |
|                              |                 |
|                              |                 |
|                              |                 |
| Cost                         |                 |

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### Home Entertainment

|                              |                 |
|------------------------------|-----------------|
| Date                         |                 |
| Occasion                     |                 |
| Guests                       | Firm & Position |
|                              |                 |
|                              |                 |
|                              |                 |
|                              |                 |
|                              |                 |
|                              |                 |
|                              |                 |
| Theme                        |                 |
| Attire                       |                 |
| Flowers/Florist              |                 |
| Caterer                      |                 |
| Menu                         |                 |
|                              |                 |
|                              |                 |
|                              |                 |
|                              |                 |
| Wine/Guest Drink Preferences |                 |
|                              |                 |
|                              |                 |
|                              |                 |
|                              |                 |
| Cost                         |                 |

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### Home Entertainment

|                              |                 |
|------------------------------|-----------------|
| Date                         |                 |
| Occasion                     |                 |
| Guests                       | Firm & Position |
|                              |                 |
|                              |                 |
|                              |                 |
|                              |                 |
|                              |                 |
|                              |                 |
| Theme                        |                 |
| Attire                       |                 |
| Flowers/Florist              |                 |
| Caterer                      |                 |
| Menu                         |                 |
|                              |                 |
|                              |                 |
|                              |                 |
|                              |                 |
| Wine/Guest Drink Preferences |                 |
|                              |                 |
|                              |                 |
|                              |                 |
|                              |                 |
| Cost                         |                 |

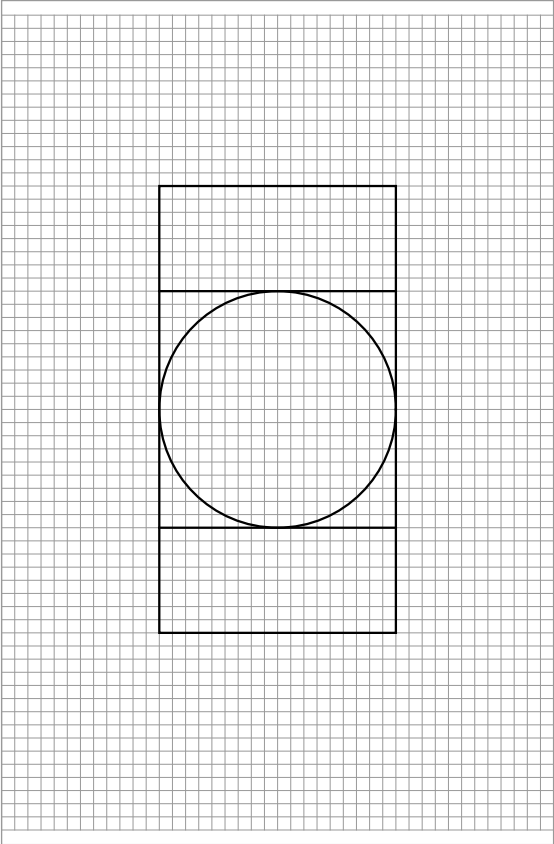
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### Home Entertainment

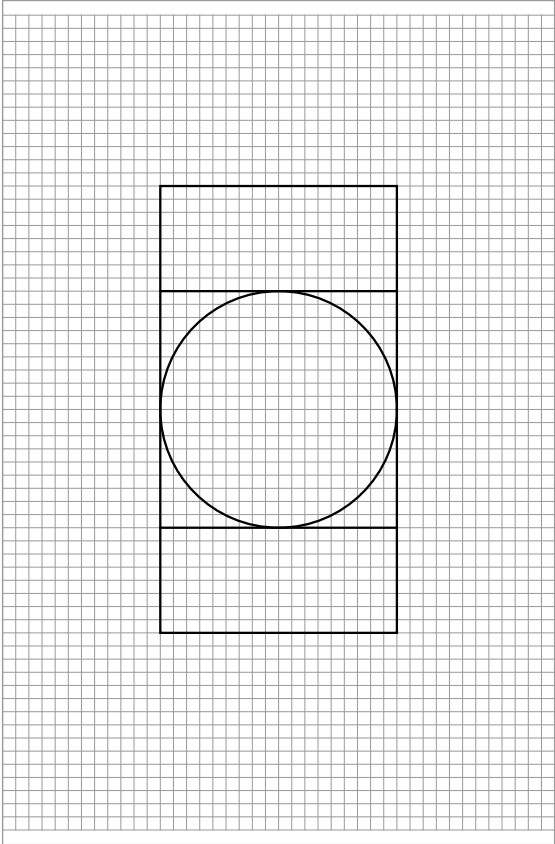
|                              |                 |
|------------------------------|-----------------|
| Date                         |                 |
| Occasion                     |                 |
| Guests                       | Firm & Position |
|                              |                 |
|                              |                 |
|                              |                 |
|                              |                 |
|                              |                 |
|                              |                 |
| Theme                        |                 |
| Attire                       |                 |
| Flowers/Florist              |                 |
| Caterer                      |                 |
| Menu                         |                 |
|                              |                 |
|                              |                 |
|                              |                 |
|                              |                 |
| Wine/Guest Drink Preferences |                 |
|                              |                 |
|                              |                 |
|                              |                 |
|                              |                 |
| Cost                         |                 |

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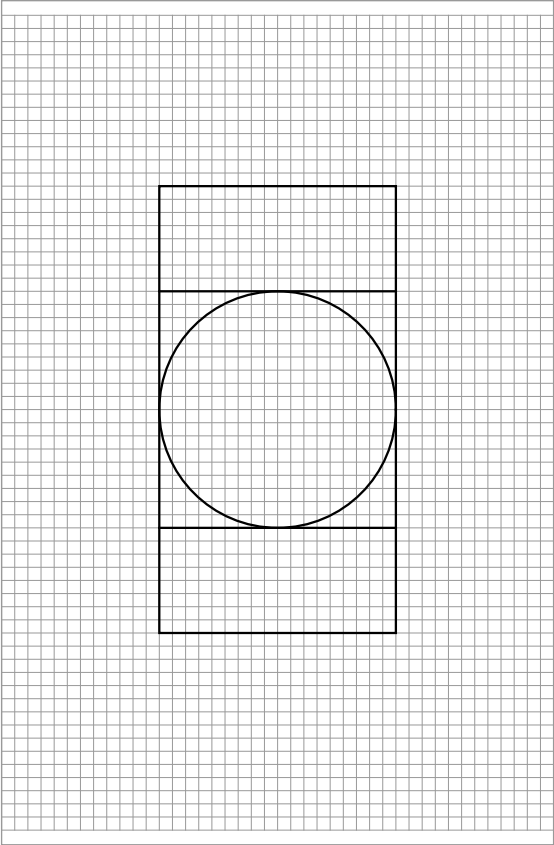
Guest Seating Planner



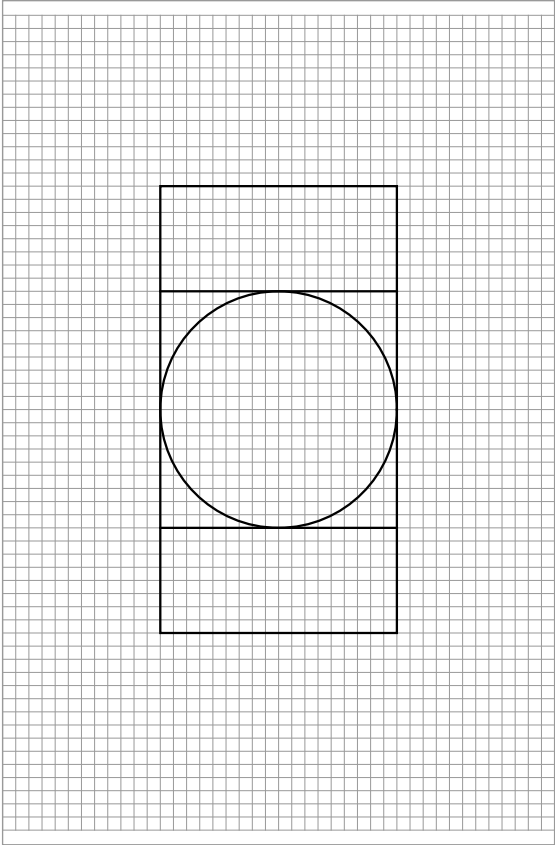
Guest Seating Planner



Guest Seating Planner



Guest Seating Planner



**Hotel**

|                 |  |       |       |     |   |   |       |   |      |        |   |
|-----------------|--|-------|-------|-----|---|---|-------|---|------|--------|---|
| Name            |  |       |       |     |   |   |       |   |      |        |   |
| Address         |  |       |       |     |   |   |       |   |      |        |   |
| City            |  |       | State |     |   |   | Zip   |   |      |        |   |
| Country         |  |       |       |     |   |   |       |   |      |        |   |
| Telephone       |  |       | Telex |     |   |   |       |   |      |        |   |
| Contact Person  |  |       |       |     |   |   |       |   |      |        |   |
| Manager         |  |       |       |     |   |   |       |   |      |        |   |
| Concierege      |  |       |       |     |   |   |       |   |      |        |   |
| Preferred Room  |  |       |       |     |   |   |       |   |      |        |   |
| Price Range     |  | Exp   |       | Mod |   |   | Inexp |   |      |        |   |
| Credit Card     |  | Y     |       | N   |   |   |       |   |      |        |   |
| Amex            |  | Diner |       | CB  |   |   | M/C   |   | Visa |        |   |
| Personal Rating |  | 10    | 9     | 8   | 7 | 6 | 5     | 4 | 3    | 2      | 1 |
| Comments        |  |       |       |     |   |   |       |   |      |        |   |
|                 |  |       |       |     |   |   |       |   |      |        |   |
|                 |  |       |       |     |   |   |       |   |      |        |   |
|                 |  |       |       |     |   |   |       |   |      |        |   |
| Map of Location |  |       |       |     |   |   |       |   |      | ↑<br>N |   |

**Hotel**

|                 |  |       |       |     |   |   |       |   |      |        |   |
|-----------------|--|-------|-------|-----|---|---|-------|---|------|--------|---|
| Name            |  |       |       |     |   |   |       |   |      |        |   |
| Address         |  |       |       |     |   |   |       |   |      |        |   |
| City            |  |       | State |     |   |   | Zip   |   |      |        |   |
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| Telephone       |  |       | Telex |     |   |   |       |   |      |        |   |
| Contact Person  |  |       |       |     |   |   |       |   |      |        |   |
| Manager         |  |       |       |     |   |   |       |   |      |        |   |
| Concierege      |  |       |       |     |   |   |       |   |      |        |   |
| Preferred Room  |  |       |       |     |   |   |       |   |      |        |   |
| Price Range     |  | Exp   |       | Mod |   |   | Inexp |   |      |        |   |
| Credit Card     |  | Y     |       | N   |   |   |       |   |      |        |   |
| Amex            |  | Diner |       | CB  |   |   | M/C   |   | Visa |        |   |
| Personal Rating |  | 10    | 9     | 8   | 7 | 6 | 5     | 4 | 3    | 2      | 1 |
| Comments        |  |       |       |     |   |   |       |   |      |        |   |
|                 |  |       |       |     |   |   |       |   |      |        |   |
|                 |  |       |       |     |   |   |       |   |      |        |   |
|                 |  |       |       |     |   |   |       |   |      |        |   |
| Map of Location |  |       |       |     |   |   |       |   |      | ↑<br>N |   |

**Hotel**

|                 |  |       |       |     |   |   |       |   |      |        |   |
|-----------------|--|-------|-------|-----|---|---|-------|---|------|--------|---|
| Name            |  |       |       |     |   |   |       |   |      |        |   |
| Address         |  |       |       |     |   |   |       |   |      |        |   |
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| Country         |  |       |       |     |   |   |       |   |      |        |   |
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| Contact Person  |  |       |       |     |   |   |       |   |      |        |   |
| Manager         |  |       |       |     |   |   |       |   |      |        |   |
| Concierege      |  |       |       |     |   |   |       |   |      |        |   |
| Preferred Room  |  |       |       |     |   |   |       |   |      |        |   |
| Price Range     |  | Exp   |       | Mod |   |   | Inexp |   |      |        |   |
| Credit Card     |  | Y     |       | N   |   |   |       |   |      |        |   |
| Amex            |  | Diner |       | CB  |   |   | M/C   |   | Visa |        |   |
| Personal Rating |  | 10    | 9     | 8   | 7 | 6 | 5     | 4 | 3    | 2      | 1 |
| Comments        |  |       |       |     |   |   |       |   |      |        |   |
|                 |  |       |       |     |   |   |       |   |      |        |   |
|                 |  |       |       |     |   |   |       |   |      |        |   |
|                 |  |       |       |     |   |   |       |   |      |        |   |
| Map of Location |  |       |       |     |   |   |       |   |      | ↑<br>N |   |

**Hotel**

|                 |  |       |       |     |   |   |       |   |      |        |   |
|-----------------|--|-------|-------|-----|---|---|-------|---|------|--------|---|
| Name            |  |       |       |     |   |   |       |   |      |        |   |
| Address         |  |       |       |     |   |   |       |   |      |        |   |
| City            |  |       | State |     |   |   | Zip   |   |      |        |   |
| Country         |  |       |       |     |   |   |       |   |      |        |   |
| Telephone       |  |       | Telex |     |   |   |       |   |      |        |   |
| Contact Person  |  |       |       |     |   |   |       |   |      |        |   |
| Manager         |  |       |       |     |   |   |       |   |      |        |   |
| Concierege      |  |       |       |     |   |   |       |   |      |        |   |
| Preferred Room  |  |       |       |     |   |   |       |   |      |        |   |
| Price Range     |  | Exp   |       | Mod |   |   | Inexp |   |      |        |   |
| Credit Card     |  | Y     |       | N   |   |   |       |   |      |        |   |
| Amex            |  | Diner |       | CB  |   |   | M/C   |   | Visa |        |   |
| Personal Rating |  | 10    | 9     | 8   | 7 | 6 | 5     | 4 | 3    | 2      | 1 |
| Comments        |  |       |       |     |   |   |       |   |      |        |   |
|                 |  |       |       |     |   |   |       |   |      |        |   |
|                 |  |       |       |     |   |   |       |   |      |        |   |
|                 |  |       |       |     |   |   |       |   |      |        |   |
| Map of Location |  |       |       |     |   |   |       |   |      | ↑<br>N |   |

Hotel

|                 |  |       |   |       |   |   |   |       |   |      |   |
|-----------------|--|-------|---|-------|---|---|---|-------|---|------|---|
| Name            |  |       |   |       |   |   |   |       |   |      |   |
| Address         |  |       |   |       |   |   |   |       |   |      |   |
| City            |  |       |   | State |   |   |   | Zip   |   |      |   |
| Country         |  |       |   |       |   |   |   |       |   |      |   |
| Telephone       |  |       |   | Telex |   |   |   |       |   |      |   |
| Contact Person  |  |       |   |       |   |   |   |       |   |      |   |
| Manager         |  |       |   |       |   |   |   |       |   |      |   |
| Concierege      |  |       |   |       |   |   |   |       |   |      |   |
| Preferred Room  |  |       |   |       |   |   |   |       |   |      |   |
| Price Range     |  | Exp   |   | Mod   |   |   |   | Inexp |   |      |   |
| Credit Card     |  | Y     |   | N     |   |   |   |       |   |      |   |
| Amex            |  | Diner |   | CB    |   |   |   | M/C   |   | Visa |   |
| Personal Rating |  | 10    | 9 | 8     | 7 | 6 | 5 | 4     | 3 | 2    | 1 |
| Comments        |  |       |   |       |   |   |   |       |   |      |   |
|                 |  |       |   |       |   |   |   |       |   |      |   |
|                 |  |       |   |       |   |   |   |       |   |      |   |
|                 |  |       |   |       |   |   |   |       |   |      |   |
| Map of Location |  |       |   |       |   |   |   |       |   | ↑    | N |

Hotel

|                 |  |       |   |       |   |   |   |       |   |      |   |
|-----------------|--|-------|---|-------|---|---|---|-------|---|------|---|
| Name            |  |       |   |       |   |   |   |       |   |      |   |
| Address         |  |       |   |       |   |   |   |       |   |      |   |
| City            |  |       |   | State |   |   |   | Zip   |   |      |   |
| Country         |  |       |   |       |   |   |   |       |   |      |   |
| Telephone       |  |       |   | Telex |   |   |   |       |   |      |   |
| Contact Person  |  |       |   |       |   |   |   |       |   |      |   |
| Manager         |  |       |   |       |   |   |   |       |   |      |   |
| Concierege      |  |       |   |       |   |   |   |       |   |      |   |
| Preferred Room  |  |       |   |       |   |   |   |       |   |      |   |
| Price Range     |  | Exp   |   | Mod   |   |   |   | Inexp |   |      |   |
| Credit Card     |  | Y     |   | N     |   |   |   |       |   |      |   |
| Amex            |  | Diner |   | CB    |   |   |   | M/C   |   | Visa |   |
| Personal Rating |  | 10    | 9 | 8     | 7 | 6 | 5 | 4     | 3 | 2    | 1 |
| Comments        |  |       |   |       |   |   |   |       |   |      |   |
|                 |  |       |   |       |   |   |   |       |   |      |   |
|                 |  |       |   |       |   |   |   |       |   |      |   |
|                 |  |       |   |       |   |   |   |       |   |      |   |
| Map of Location |  |       |   |       |   |   |   |       |   | ↑    | N |

Hotel

|                 |  |       |   |       |   |   |   |       |   |      |   |
|-----------------|--|-------|---|-------|---|---|---|-------|---|------|---|
| Name            |  |       |   |       |   |   |   |       |   |      |   |
| Address         |  |       |   |       |   |   |   |       |   |      |   |
| City            |  |       |   | State |   |   |   | Zip   |   |      |   |
| Country         |  |       |   |       |   |   |   |       |   |      |   |
| Telephone       |  |       |   | Telex |   |   |   |       |   |      |   |
| Contact Person  |  |       |   |       |   |   |   |       |   |      |   |
| Manager         |  |       |   |       |   |   |   |       |   |      |   |
| Concierege      |  |       |   |       |   |   |   |       |   |      |   |
| Preferred Room  |  |       |   |       |   |   |   |       |   |      |   |
| Price Range     |  | Exp   |   | Mod   |   |   |   | Inexp |   |      |   |
| Credit Card     |  | Y     |   | N     |   |   |   |       |   |      |   |
| Amex            |  | Diner |   | CB    |   |   |   | M/C   |   | Visa |   |
| Personal Rating |  | 10    | 9 | 8     | 7 | 6 | 5 | 4     | 3 | 2    | 1 |
| Comments        |  |       |   |       |   |   |   |       |   |      |   |
|                 |  |       |   |       |   |   |   |       |   |      |   |
|                 |  |       |   |       |   |   |   |       |   |      |   |
|                 |  |       |   |       |   |   |   |       |   |      |   |
| Map of Location |  |       |   |       |   |   |   |       |   | ↑    | N |

Hotel

|                 |  |       |   |       |   |   |   |       |   |      |   |
|-----------------|--|-------|---|-------|---|---|---|-------|---|------|---|
| Name            |  |       |   |       |   |   |   |       |   |      |   |
| Address         |  |       |   |       |   |   |   |       |   |      |   |
| City            |  |       |   | State |   |   |   | Zip   |   |      |   |
| Country         |  |       |   |       |   |   |   |       |   |      |   |
| Telephone       |  |       |   | Telex |   |   |   |       |   |      |   |
| Contact Person  |  |       |   |       |   |   |   |       |   |      |   |
| Manager         |  |       |   |       |   |   |   |       |   |      |   |
| Concierege      |  |       |   |       |   |   |   |       |   |      |   |
| Preferred Room  |  |       |   |       |   |   |   |       |   |      |   |
| Price Range     |  | Exp   |   | Mod   |   |   |   | Inexp |   |      |   |
| Credit Card     |  | Y     |   | N     |   |   |   |       |   |      |   |
| Amex            |  | Diner |   | CB    |   |   |   | M/C   |   | Visa |   |
| Personal Rating |  | 10    | 9 | 8     | 7 | 6 | 5 | 4     | 3 | 2    | 1 |
| Comments        |  |       |   |       |   |   |   |       |   |      |   |
|                 |  |       |   |       |   |   |   |       |   |      |   |
|                 |  |       |   |       |   |   |   |       |   |      |   |
|                 |  |       |   |       |   |   |   |       |   |      |   |
| Map of Location |  |       |   |       |   |   |   |       |   | ↑    | N |



**Restaurant**

|                 |  |       |       |         |   |       |   |      |   |        |   |
|-----------------|--|-------|-------|---------|---|-------|---|------|---|--------|---|
| Name            |  |       |       |         |   |       |   |      |   |        |   |
| Address         |  |       |       |         |   |       |   |      |   |        |   |
| City            |  |       | State |         |   | Zip   |   |      |   |        |   |
| Country         |  |       |       |         |   |       |   |      |   |        |   |
| Telephone       |  |       | Telex |         |   |       |   |      |   |        |   |
| Major Contact   |  |       |       |         |   |       |   |      |   |        |   |
| Maitre d'       |  |       |       |         |   |       |   |      |   |        |   |
| Captain         |  |       |       |         |   |       |   |      |   |        |   |
| Preferred Table |  |       |       |         |   |       |   |      |   |        |   |
| Cuisine/Theme   |  |       |       |         |   |       |   |      |   |        |   |
| Full Bar        |  | Y     | N     | B.Y.O.  |   |       |   |      |   |        |   |
| Wine            |  | Y     | N     | Corkage |   | Y     | N |      |   |        |   |
| Sommelier       |  |       |       |         |   |       |   |      |   |        |   |
| Specialities    |  |       |       |         |   |       |   |      |   |        |   |
|                 |  |       |       |         |   |       |   |      |   |        |   |
| Price Range     |  | Exp   |       | Mod     |   | Inexp |   |      |   |        |   |
| Credit Card     |  | Y     | N     |         |   |       |   |      |   |        |   |
| Amex            |  | Diner |       | CB      |   | M/C   |   | Visa |   |        |   |
| Personal Rating |  | 10    | 9     | 8       | 7 | 6     | 5 | 4    | 3 | 2      | 1 |
| Comments        |  |       |       |         |   |       |   |      |   |        |   |
|                 |  |       |       |         |   |       |   |      |   |        |   |
|                 |  |       |       |         |   |       |   |      |   |        |   |
| Map of Location |  |       |       |         |   |       |   |      |   | ↑<br>N |   |

**Restaurant**

|                 |  |       |       |         |   |       |   |      |   |        |   |
|-----------------|--|-------|-------|---------|---|-------|---|------|---|--------|---|
| Name            |  |       |       |         |   |       |   |      |   |        |   |
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| City            |  |       | State |         |   | Zip   |   |      |   |        |   |
| Country         |  |       |       |         |   |       |   |      |   |        |   |
| Telephone       |  |       | Telex |         |   |       |   |      |   |        |   |
| Major Contact   |  |       |       |         |   |       |   |      |   |        |   |
| Maitre d'       |  |       |       |         |   |       |   |      |   |        |   |
| Captain         |  |       |       |         |   |       |   |      |   |        |   |
| Preferred Table |  |       |       |         |   |       |   |      |   |        |   |
| Cuisine/Theme   |  |       |       |         |   |       |   |      |   |        |   |
| Full Bar        |  | Y     | N     | B.Y.O.  |   |       |   |      |   |        |   |
| Wine            |  | Y     | N     | Corkage |   | Y     | N |      |   |        |   |
| Sommelier       |  |       |       |         |   |       |   |      |   |        |   |
| Specialities    |  |       |       |         |   |       |   |      |   |        |   |
|                 |  |       |       |         |   |       |   |      |   |        |   |
| Price Range     |  | Exp   |       | Mod     |   | Inexp |   |      |   |        |   |
| Credit Card     |  | Y     | N     |         |   |       |   |      |   |        |   |
| Amex            |  | Diner |       | CB      |   | M/C   |   | Visa |   |        |   |
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|                 |  |       |       |         |   |       |   |      |   |        |   |
|                 |  |       |       |         |   |       |   |      |   |        |   |
| Map of Location |  |       |       |         |   |       |   |      |   | ↑<br>N |   |

**Restaurant**

|                 |  |       |       |         |   |       |   |      |   |        |   |
|-----------------|--|-------|-------|---------|---|-------|---|------|---|--------|---|
| Name            |  |       |       |         |   |       |   |      |   |        |   |
| Address         |  |       |       |         |   |       |   |      |   |        |   |
| City            |  |       | State |         |   | Zip   |   |      |   |        |   |
| Country         |  |       |       |         |   |       |   |      |   |        |   |
| Telephone       |  |       | Telex |         |   |       |   |      |   |        |   |
| Major Contact   |  |       |       |         |   |       |   |      |   |        |   |
| Maitre d'       |  |       |       |         |   |       |   |      |   |        |   |
| Captain         |  |       |       |         |   |       |   |      |   |        |   |
| Preferred Table |  |       |       |         |   |       |   |      |   |        |   |
| Cuisine/Theme   |  |       |       |         |   |       |   |      |   |        |   |
| Full Bar        |  | Y     | N     | B.Y.O.  |   |       |   |      |   |        |   |
| Wine            |  | Y     | N     | Corkage |   | Y     | N |      |   |        |   |
| Sommelier       |  |       |       |         |   |       |   |      |   |        |   |
| Specialities    |  |       |       |         |   |       |   |      |   |        |   |
|                 |  |       |       |         |   |       |   |      |   |        |   |
| Price Range     |  | Exp   |       | Mod     |   | Inexp |   |      |   |        |   |
| Credit Card     |  | Y     | N     |         |   |       |   |      |   |        |   |
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| Comments        |  |       |       |         |   |       |   |      |   |        |   |
|                 |  |       |       |         |   |       |   |      |   |        |   |
|                 |  |       |       |         |   |       |   |      |   |        |   |
| Map of Location |  |       |       |         |   |       |   |      |   | ↑<br>N |   |

**Restaurant**

|                 |  |       |       |         |   |       |   |      |   |        |   |
|-----------------|--|-------|-------|---------|---|-------|---|------|---|--------|---|
| Name            |  |       |       |         |   |       |   |      |   |        |   |
| Address         |  |       |       |         |   |       |   |      |   |        |   |
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| Country         |  |       |       |         |   |       |   |      |   |        |   |
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| Major Contact   |  |       |       |         |   |       |   |      |   |        |   |
| Maitre d'       |  |       |       |         |   |       |   |      |   |        |   |
| Captain         |  |       |       |         |   |       |   |      |   |        |   |
| Preferred Table |  |       |       |         |   |       |   |      |   |        |   |
| Cuisine/Theme   |  |       |       |         |   |       |   |      |   |        |   |
| Full Bar        |  | Y     | N     | B.Y.O.  |   |       |   |      |   |        |   |
| Wine            |  | Y     | N     | Corkage |   | Y     | N |      |   |        |   |
| Sommelier       |  |       |       |         |   |       |   |      |   |        |   |
| Specialities    |  |       |       |         |   |       |   |      |   |        |   |
|                 |  |       |       |         |   |       |   |      |   |        |   |
| Price Range     |  | Exp   |       | Mod     |   | Inexp |   |      |   |        |   |
| Credit Card     |  | Y     | N     |         |   |       |   |      |   |        |   |
| Amex            |  | Diner |       | CB      |   | M/C   |   | Visa |   |        |   |
| Personal Rating |  | 10    | 9     | 8       | 7 | 6     | 5 | 4    | 3 | 2      | 1 |
| Comments        |  |       |       |         |   |       |   |      |   |        |   |
|                 |  |       |       |         |   |       |   |      |   |        |   |
|                 |  |       |       |         |   |       |   |      |   |        |   |
| Map of Location |  |       |       |         |   |       |   |      |   | ↑<br>N |   |

Restaurant

|                 |  |       |   |         |   |       |   |      |   |   |   |
|-----------------|--|-------|---|---------|---|-------|---|------|---|---|---|
| Name            |  |       |   |         |   |       |   |      |   |   |   |
| Address         |  |       |   |         |   |       |   |      |   |   |   |
| City            |  |       |   | State   |   |       |   | Zip  |   |   |   |
| Country         |  |       |   |         |   |       |   |      |   |   |   |
| Telephone       |  |       |   | Telex   |   |       |   |      |   |   |   |
| Major Contact   |  |       |   |         |   |       |   |      |   |   |   |
| Maitre d'       |  |       |   |         |   |       |   |      |   |   |   |
| Captain         |  |       |   |         |   |       |   |      |   |   |   |
| Preferred Table |  |       |   |         |   |       |   |      |   |   |   |
| Cuisine/Theme   |  |       |   |         |   |       |   |      |   |   |   |
| Full Bar        |  | Y     | N | B.Y.O.  |   |       |   |      |   |   |   |
| Wine            |  | Y     | N | Corkage |   | Y     | N |      |   |   |   |
| Sommelier       |  |       |   |         |   |       |   |      |   |   |   |
| Specialities    |  |       |   |         |   |       |   |      |   |   |   |
|                 |  |       |   |         |   |       |   |      |   |   |   |
| Price Range     |  | Exp   |   | Mod     |   | Inexp |   |      |   |   |   |
| Credit Card     |  | Y     | N |         |   |       |   |      |   |   |   |
| Amex            |  | Diner |   | CB      |   | M/C   |   | Visa |   |   |   |
| Personal Rating |  | 10    | 9 | 8       | 7 | 6     | 5 | 4    | 3 | 2 | 1 |
| Comments        |  |       |   |         |   |       |   |      |   |   |   |
|                 |  |       |   |         |   |       |   |      |   |   |   |
|                 |  |       |   |         |   |       |   |      |   |   |   |
| Map of Location |  |       |   |         |   |       |   |      |   | ↑ | N |

Restaurant

|                 |  |       |   |         |   |       |   |      |   |   |   |
|-----------------|--|-------|---|---------|---|-------|---|------|---|---|---|
| Name            |  |       |   |         |   |       |   |      |   |   |   |
| Address         |  |       |   |         |   |       |   |      |   |   |   |
| City            |  |       |   | State   |   |       |   | Zip  |   |   |   |
| Country         |  |       |   |         |   |       |   |      |   |   |   |
| Telephone       |  |       |   | Telex   |   |       |   |      |   |   |   |
| Major Contact   |  |       |   |         |   |       |   |      |   |   |   |
| Maitre d'       |  |       |   |         |   |       |   |      |   |   |   |
| Captain         |  |       |   |         |   |       |   |      |   |   |   |
| Preferred Table |  |       |   |         |   |       |   |      |   |   |   |
| Cuisine/Theme   |  |       |   |         |   |       |   |      |   |   |   |
| Full Bar        |  | Y     | N | B.Y.O.  |   |       |   |      |   |   |   |
| Wine            |  | Y     | N | Corkage |   | Y     | N |      |   |   |   |
| Sommelier       |  |       |   |         |   |       |   |      |   |   |   |
| Specialities    |  |       |   |         |   |       |   |      |   |   |   |
|                 |  |       |   |         |   |       |   |      |   |   |   |
| Price Range     |  | Exp   |   | Mod     |   | Inexp |   |      |   |   |   |
| Credit Card     |  | Y     | N |         |   |       |   |      |   |   |   |
| Amex            |  | Diner |   | CB      |   | M/C   |   | Visa |   |   |   |
| Personal Rating |  | 10    | 9 | 8       | 7 | 6     | 5 | 4    | 3 | 2 | 1 |
| Comments        |  |       |   |         |   |       |   |      |   |   |   |
|                 |  |       |   |         |   |       |   |      |   |   |   |
|                 |  |       |   |         |   |       |   |      |   |   |   |
| Map of Location |  |       |   |         |   |       |   |      |   | ↑ | N |

Restaurant

|                 |  |       |   |         |   |       |   |      |   |   |   |
|-----------------|--|-------|---|---------|---|-------|---|------|---|---|---|
| Name            |  |       |   |         |   |       |   |      |   |   |   |
| Address         |  |       |   |         |   |       |   |      |   |   |   |
| City            |  |       |   | State   |   |       |   | Zip  |   |   |   |
| Country         |  |       |   |         |   |       |   |      |   |   |   |
| Telephone       |  |       |   | Telex   |   |       |   |      |   |   |   |
| Major Contact   |  |       |   |         |   |       |   |      |   |   |   |
| Maitre d'       |  |       |   |         |   |       |   |      |   |   |   |
| Captain         |  |       |   |         |   |       |   |      |   |   |   |
| Preferred Table |  |       |   |         |   |       |   |      |   |   |   |
| Cuisine/Theme   |  |       |   |         |   |       |   |      |   |   |   |
| Full Bar        |  | Y     | N | B.Y.O.  |   |       |   |      |   |   |   |
| Wine            |  | Y     | N | Corkage |   | Y     | N |      |   |   |   |
| Sommelier       |  |       |   |         |   |       |   |      |   |   |   |
| Specialities    |  |       |   |         |   |       |   |      |   |   |   |
|                 |  |       |   |         |   |       |   |      |   |   |   |
| Price Range     |  | Exp   |   | Mod     |   | Inexp |   |      |   |   |   |
| Credit Card     |  | Y     | N |         |   |       |   |      |   |   |   |
| Amex            |  | Diner |   | CB      |   | M/C   |   | Visa |   |   |   |
| Personal Rating |  | 10    | 9 | 8       | 7 | 6     | 5 | 4    | 3 | 2 | 1 |
| Comments        |  |       |   |         |   |       |   |      |   |   |   |
|                 |  |       |   |         |   |       |   |      |   |   |   |
|                 |  |       |   |         |   |       |   |      |   |   |   |
| Map of Location |  |       |   |         |   |       |   |      |   | ↑ | N |

Restaurant

|                 |  |       |   |         |   |       |   |      |   |   |   |
|-----------------|--|-------|---|---------|---|-------|---|------|---|---|---|
| Name            |  |       |   |         |   |       |   |      |   |   |   |
| Address         |  |       |   |         |   |       |   |      |   |   |   |
| City            |  |       |   | State   |   |       |   | Zip  |   |   |   |
| Country         |  |       |   |         |   |       |   |      |   |   |   |
| Telephone       |  |       |   | Telex   |   |       |   |      |   |   |   |
| Major Contact   |  |       |   |         |   |       |   |      |   |   |   |
| Maitre d'       |  |       |   |         |   |       |   |      |   |   |   |
| Captain         |  |       |   |         |   |       |   |      |   |   |   |
| Preferred Table |  |       |   |         |   |       |   |      |   |   |   |
| Cuisine/Theme   |  |       |   |         |   |       |   |      |   |   |   |
| Full Bar        |  | Y     | N | B.Y.O.  |   |       |   |      |   |   |   |
| Wine            |  | Y     | N | Corkage |   | Y     | N |      |   |   |   |
| Sommelier       |  |       |   |         |   |       |   |      |   |   |   |
| Specialities    |  |       |   |         |   |       |   |      |   |   |   |
|                 |  |       |   |         |   |       |   |      |   |   |   |
| Price Range     |  | Exp   |   | Mod     |   | Inexp |   |      |   |   |   |
| Credit Card     |  | Y     | N |         |   |       |   |      |   |   |   |
| Amex            |  | Diner |   | CB      |   | M/C   |   | Visa |   |   |   |
| Personal Rating |  | 10    | 9 | 8       | 7 | 6     | 5 | 4    | 3 | 2 | 1 |
| Comments        |  |       |   |         |   |       |   |      |   |   |   |
|                 |  |       |   |         |   |       |   |      |   |   |   |
|                 |  |       |   |         |   |       |   |      |   |   |   |
| Map of Location |  |       |   |         |   |       |   |      |   | ↑ | N |

## Football/Basketball

[illegible]

## Football/Basketball

[illegible]





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### Surveyor's Quantity Record

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### Surveyor's Quantity Record

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### Surveyor's Quantity Record

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### Surveyor's Quantity Record

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### Surveyor's Quantity Record

| Table 1: Summary of the data |              |       |      |       |
|------------------------------|--------------|-------|------|-------|
| Category                     | Sub-category | Value | Unit | Notes |
| A                            | A1           | 10    | kg   |       |
|                              | A2           | 20    | kg   |       |
|                              | A3           | 30    | kg   |       |
|                              | A4           | 40    | kg   |       |
| B                            | B1           | 50    | kg   |       |
|                              | B2           | 60    | kg   |       |
|                              | B3           | 70    | kg   |       |
|                              | B4           | 80    | kg   |       |
| C                            | C1           | 90    | kg   |       |
|                              | C2           | 100   | kg   |       |
|                              | C3           | 110   | kg   |       |
|                              | C4           | 120   | kg   |       |

### Surveyor's Quantity Record

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |

### Surveyor's Quantity Record

[illegible]

### Surveyor's Quantity Record

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |





CONFIDENTIAL

Employee Record

|                                                |             |                |        |
|------------------------------------------------|-------------|----------------|--------|
| Surname                                        |             |                |        |
| Forename(s)                                    |             |                |        |
| Address                                        |             |                |        |
|                                                |             |                |        |
| Telephone No.                                  |             |                |        |
| Birth Date                                     | Sex         | Nationality    |        |
| Height                                         | Weight      | House Owner    | Yes/No |
| Single/Married/Separated/Divorced/Widow(er)    |             |                |        |
| Spouse's Forename                              |             |                |        |
| Children - names and birthdates                |             |                |        |
|                                                |             |                |        |
| Driving Licence - Car/HGV/Motor Cycle          |             |                |        |
| Endorsements                                   |             |                |        |
|                                                |             |                |        |
| National Insurance No.     /     /     /     / |             |                |        |
| Physical Disabilities                          |             |                |        |
|                                                |             |                |        |
| Education                                      | Institution | Qualifications |        |
| Secondary                                      |             |                |        |
| Tertiary                                       |             |                |        |
| Professional                                   |             |                |        |
| Languages                                      |             |                |        |
|                                                |             |                |        |
| Special Skills                                 |             |                |        |
|                                                |             |                |        |
| Memberships                                    |             |                |        |
|                                                |             |                |        |
| Hobbies/Sports                                 |             |                |        |
|                                                |             |                |        |
| Public Offices                                 |             |                |        |
|                                                |             |                |        |
| Next of Kin                                    |             |                |        |
| Relationship                                   |             |                |        |
| Address                                        |             |                |        |

CONFIDENTIAL

Employee Record

|                                                |             |                |        |
|------------------------------------------------|-------------|----------------|--------|
| Surname                                        |             |                |        |
| Forename(s)                                    |             |                |        |
| Address                                        |             |                |        |
|                                                |             |                |        |
| Telephone No.                                  |             |                |        |
| Birth Date                                     | Sex         | Nationality    |        |
| Height                                         | Weight      | House Owner    | Yes/No |
| Single/Married/Separated/Divorced/Widow(er)    |             |                |        |
| Spouse's Forename                              |             |                |        |
| Children - names and birthdates                |             |                |        |
|                                                |             |                |        |
| Driving Licence - Car/HGV/Motor Cycle          |             |                |        |
| Endorsements                                   |             |                |        |
|                                                |             |                |        |
| National Insurance No.     /     /     /     / |             |                |        |
| Physical Disabilities                          |             |                |        |
|                                                |             |                |        |
| Education                                      | Institution | Qualifications |        |
| Secondary                                      |             |                |        |
| Tertiary                                       |             |                |        |
| Professional                                   |             |                |        |
| Languages                                      |             |                |        |
|                                                |             |                |        |
| Special Skills                                 |             |                |        |
|                                                |             |                |        |
| Memberships                                    |             |                |        |
|                                                |             |                |        |
| Hobbies/Sports                                 |             |                |        |
|                                                |             |                |        |
| Public Offices                                 |             |                |        |
|                                                |             |                |        |
| Next of Kin                                    |             |                |        |
| Relationship                                   |             |                |        |
| Address                                        |             |                |        |

CONFIDENTIAL

Employee Record

|                                                |             |                |        |
|------------------------------------------------|-------------|----------------|--------|
| Surname                                        |             |                |        |
| Forename(s)                                    |             |                |        |
| Address                                        |             |                |        |
|                                                |             |                |        |
| Telephone No.                                  |             |                |        |
| Birth Date                                     | Sex         | Nationality    |        |
| Height                                         | Weight      | House Owner    | Yes/No |
| Single/Married/Separated/Divorced/Widow(er)    |             |                |        |
| Spouse's Forename                              |             |                |        |
| Children - names and birthdates                |             |                |        |
|                                                |             |                |        |
| Driving Licence - Car/HGV/Motor Cycle          |             |                |        |
| Endorsements                                   |             |                |        |
|                                                |             |                |        |
| National Insurance No.     /     /     /     / |             |                |        |
| Physical Disabilities                          |             |                |        |
|                                                |             |                |        |
| Education                                      | Institution | Qualifications |        |
| Secondary                                      |             |                |        |
| Tertiary                                       |             |                |        |
| Professional                                   |             |                |        |
| Languages                                      |             |                |        |
|                                                |             |                |        |
| Special Skills                                 |             |                |        |
|                                                |             |                |        |
| Memberships                                    |             |                |        |
|                                                |             |                |        |
| Hobbies/Sports                                 |             |                |        |
|                                                |             |                |        |
| Public Offices                                 |             |                |        |
|                                                |             |                |        |
| Next of Kin                                    |             |                |        |
| Relationship                                   |             |                |        |
| Address                                        |             |                |        |

CONFIDENTIAL

Employee Record

|                                                |             |                |        |
|------------------------------------------------|-------------|----------------|--------|
| Surname                                        |             |                |        |
| Forename(s)                                    |             |                |        |
| Address                                        |             |                |        |
|                                                |             |                |        |
| Telephone No.                                  |             |                |        |
| Birth Date                                     | Sex         | Nationality    |        |
| Height                                         | Weight      | House Owner    | Yes/No |
| Single/Married/Separated/Divorced/Widow(er)    |             |                |        |
| Spouse's Forename                              |             |                |        |
| Children - names and birthdates                |             |                |        |
|                                                |             |                |        |
| Driving Licence - Car/HGV/Motor Cycle          |             |                |        |
| Endorsements                                   |             |                |        |
|                                                |             |                |        |
| National Insurance No.     /     /     /     / |             |                |        |
| Physical Disabilities                          |             |                |        |
|                                                |             |                |        |
| Education                                      | Institution | Qualifications |        |
| Secondary                                      |             |                |        |
| Tertiary                                       |             |                |        |
| Professional                                   |             |                |        |
| Languages                                      |             |                |        |
|                                                |             |                |        |
| Special Skills                                 |             |                |        |
|                                                |             |                |        |
| Memberships                                    |             |                |        |
|                                                |             |                |        |
| Hobbies/Sports                                 |             |                |        |
|                                                |             |                |        |
| Public Offices                                 |             |                |        |
|                                                |             |                |        |
| Next of Kin                                    |             |                |        |
| Relationship                                   |             |                |        |
| Address                                        |             |                |        |

Employee Record

CONFIDENTIAL

|                     |                                      |                    |
|---------------------|--------------------------------------|--------------------|
| PREVIOUS EMPLOYMENT |                                      |                    |
| From/To             | Employment                           | Reason for leaving |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
| CURRENT EMPLOYMENT  |                                      |                    |
| Date                | Job                                  | Salary             |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
| TRAINING            |                                      |                    |
| Date                | Detail                               |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
| NOTES               |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
| TERMINATION         |                                      |                    |
| Date                | Retired/Resigned/Dismissed/Redundant |                    |
| Reason              |                                      |                    |
| Would Re-employ     | Yes/No                               |                    |

Employee Record

CONFIDENTIAL

|                     |                                      |                    |
|---------------------|--------------------------------------|--------------------|
| PREVIOUS EMPLOYMENT |                                      |                    |
| From/To             | Employment                           | Reason for leaving |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
| CURRENT EMPLOYMENT  |                                      |                    |
| Date                | Job                                  | Salary             |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
| TRAINING            |                                      |                    |
| Date                | Detail                               |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
| NOTES               |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
| TERMINATION         |                                      |                    |
| Date                | Retired/Resigned/Dismissed/Redundant |                    |
| Reason              |                                      |                    |
| Would Re-employ     | Yes/No                               |                    |

Employee Record

CONFIDENTIAL

|                     |                                      |                    |
|---------------------|--------------------------------------|--------------------|
| PREVIOUS EMPLOYMENT |                                      |                    |
| From/To             | Employment                           | Reason for leaving |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
| CURRENT EMPLOYMENT  |                                      |                    |
| Date                | Job                                  | Salary             |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
| TRAINING            |                                      |                    |
| Date                | Detail                               |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
| NOTES               |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
| TERMINATION         |                                      |                    |
| Date                | Retired/Resigned/Dismissed/Redundant |                    |
| Reason              |                                      |                    |
| Would Re-employ     | Yes/No                               |                    |

Employee Record

CONFIDENTIAL

|                     |                                      |                    |
|---------------------|--------------------------------------|--------------------|
| PREVIOUS EMPLOYMENT |                                      |                    |
| From/To             | Employment                           | Reason for leaving |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
| CURRENT EMPLOYMENT  |                                      |                    |
| Date                | Job                                  | Salary             |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
| TRAINING            |                                      |                    |
| Date                | Detail                               |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
| NOTES               |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
|                     |                                      |                    |
| TERMINATION         |                                      |                    |
| Date                | Retired/Resigned/Dismissed/Redundant |                    |
| Reason              |                                      |                    |
| Would Re-employ     | Yes/No                               |                    |

Classified Addresses

|         |       |  |
|---------|-------|--|
| Name    |       |  |
| Address |       |  |
|         |       |  |
| Contact | Phone |  |
| Fax     | Telex |  |
|         |       |  |
| Name    |       |  |
| Address |       |  |
|         |       |  |
| Contact | Phone |  |
| Fax     | Telex |  |
|         |       |  |
| Name    |       |  |
| Address |       |  |
|         |       |  |
| Contact | Phone |  |
| Fax     | Telex |  |
|         |       |  |
| Name    |       |  |
| Address |       |  |
|         |       |  |
| Contact | Phone |  |
| Fax     | Telex |  |
|         |       |  |
| Name    |       |  |
| Address |       |  |
|         |       |  |
| Contact | Phone |  |
| Fax     | Telex |  |
|         |       |  |

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Classified Addresses

|         |       |  |
|---------|-------|--|
| Name    |       |  |
| Address |       |  |
|         |       |  |
| Contact | Phone |  |
| Fax     | Telex |  |
|         |       |  |
| Name    |       |  |
| Address |       |  |
|         |       |  |
| Contact | Phone |  |
| Fax     | Telex |  |
|         |       |  |
| Name    |       |  |
| Address |       |  |
|         |       |  |
| Contact | Phone |  |
| Fax     | Telex |  |
|         |       |  |
| Name    |       |  |
| Address |       |  |
|         |       |  |
| Contact | Phone |  |
| Fax     | Telex |  |
|         |       |  |

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Classified Addresses

|         |       |  |
|---------|-------|--|
| Name    |       |  |
| Address |       |  |
|         |       |  |
| Contact | Phone |  |
| Fax     | Telex |  |
|         |       |  |
| Name    |       |  |
| Address |       |  |
|         |       |  |
| Contact | Phone |  |
| Fax     | Telex |  |
|         |       |  |
| Name    |       |  |
| Address |       |  |
|         |       |  |
| Contact | Phone |  |
| Fax     | Telex |  |
|         |       |  |
| Name    |       |  |
| Address |       |  |
|         |       |  |
| Contact | Phone |  |
| Fax     | Telex |  |
|         |       |  |

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Classified Addresses

|         |       |  |
|---------|-------|--|
| Name    |       |  |
| Address |       |  |
|         |       |  |
| Contact | Phone |  |
| Fax     | Telex |  |
|         |       |  |
| Name    |       |  |
| Address |       |  |
|         |       |  |
| Contact | Phone |  |
| Fax     | Telex |  |
|         |       |  |
| Name    |       |  |
| Address |       |  |
|         |       |  |
| Contact | Phone |  |
| Fax     | Telex |  |
|         |       |  |
| Name    |       |  |
| Address |       |  |
|         |       |  |
| Contact | Phone |  |
| Fax     | Telex |  |
|         |       |  |

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**Classified Addresses**

|               |  |
|---------------|--|
|               |  |
| Name          |  |
| Address       |  |
|               |  |
| Contact Phone |  |
| Fax Telex     |  |
| Name          |  |
| Address       |  |
|               |  |
| Contact Phone |  |
| Fax Telex     |  |
| Name          |  |
| Address       |  |
|               |  |
| Contact Phone |  |
| Fax Telex     |  |
| Name          |  |
| Address       |  |
|               |  |
| Contact Phone |  |
| Fax Telex     |  |
| Name          |  |
| Address       |  |
|               |  |
| Contact Phone |  |
| Fax Telex     |  |

**Classified Addresses**

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| Name          |  |
| Address       |  |
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| Contact Phone |  |
| Fax Telex     |  |
| Name          |  |
| Address       |  |
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| Contact Phone |  |
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| Contact Phone |  |
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**Classified Addresses**

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| Contact Phone |  |
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| Fax Telex     |  |

**Classified Addresses**

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| Contact Phone |  |
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| Contact Phone |  |
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Term Summary

| No. | Name |  |  |  |  | Remarks |
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| 34  |      |  |  |  |  |         |
| 35  |      |  |  |  |  |         |

Term Summary

| No. | Name |  |  |  |  | Remarks |
|-----|------|--|--|--|--|---------|
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| 34  |      |  |  |  |  |         |
| 35  |      |  |  |  |  |         |

Class Record

School or College

Teacher

Class

Year Beginning

Remarks

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Class Record

School or College

Teacher

Class

Year Beginning

Remarks

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### Clinical History

|                              |     |     |
|------------------------------|-----|-----|
| Name                         |     |     |
| Address                      |     |     |
| D.O.B.                       | MSW | Age |
| HISTORY                      |     |     |
| History of present complaint |     |     |
| Past medical history         |     |     |
| Drugs & Allergies            |     |     |
| Social/family history        |     |     |
| EXAMINATION                  |     |     |
| General                      |     |     |
| CVS                          |     |     |

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### Clinical History

|                              |     |     |
|------------------------------|-----|-----|
| Name                         |     |     |
| Address                      |     |     |
| D.O.B.                       | MSW | Age |
| HISTORY                      |     |     |
| History of present complaint |     |     |
| Past medical history         |     |     |
| Drugs & Allergies            |     |     |
| Social/family history        |     |     |
| EXAMINATION                  |     |     |
| General                      |     |     |
| CVS                          |     |     |

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### Clinical History

|                              |     |     |
|------------------------------|-----|-----|
| Name                         |     |     |
| Address                      |     |     |
| D.O.B.                       | MSW | Age |
| HISTORY                      |     |     |
| History of present complaint |     |     |
| Past medical history         |     |     |
| Drugs & Allergies            |     |     |
| Social/family history        |     |     |
| EXAMINATION                  |     |     |
| General                      |     |     |
| CVS                          |     |     |

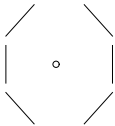
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### Clinical History

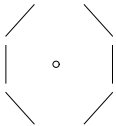
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|------------------------------|-----|-----|
| Name                         |     |     |
| Address                      |     |     |
| D.O.B.                       | MSW | Age |
| HISTORY                      |     |     |
| History of present complaint |     |     |
| Past medical history         |     |     |
| Drugs & Allergies            |     |     |
| Social/family history        |     |     |
| EXAMINATION                  |     |     |
| General                      |     |     |
| CVS                          |     |     |

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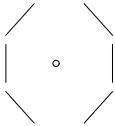
**Clinical History**

|                                                                                           |
|-------------------------------------------------------------------------------------------|
| Resp S                                                                                    |
| Abdo<br> |
| CNS                                                                                       |
| MS                                                                                        |
| PROBLEMS                                                                                  |
| DIAGNOSIS & MANAGEMENT                                                                    |

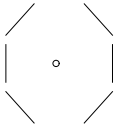
**Clinical History**

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|--------------------------------------------------------------------------------------------|
| Resp S                                                                                     |
| Abdo<br> |
| CNS                                                                                        |
| MS                                                                                         |
| PROBLEMS                                                                                   |
| DIAGNOSIS & MANAGEMENT                                                                     |

**Clinical History**

|                                                                                             |
|---------------------------------------------------------------------------------------------|
| Resp S                                                                                      |
| Abdo<br> |
| CNS                                                                                         |
| MS                                                                                          |
| PROBLEMS                                                                                    |
| DIAGNOSIS & MANAGEMENT                                                                      |

**Clinical History**

|                                                                                              |
|----------------------------------------------------------------------------------------------|
| Resp S                                                                                       |
| Abdo<br> |
| CNS                                                                                          |
| MS                                                                                           |
| PROBLEMS                                                                                     |
| DIAGNOSIS & MANAGEMENT                                                                       |









Multitrack Sheet

|            |  |           |  |
|------------|--|-----------|--|
| Studio     |  | Client    |  |
| Artist     |  | Producer  |  |
| Start Time |  | IPS       |  |
| Tracks     |  | EQ        |  |
| N.R.       |  | Sync Tone |  |
| Song       |  |           |  |
| Instrument |  |           |  |
| 1          |  |           |  |
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Multitrack Sheet

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|------------|--|-----------|--|
| Studio     |  | Client    |  |
| Artist     |  | Producer  |  |
| Start Time |  | IPS       |  |
| Tracks     |  | EQ        |  |
| N.R.       |  | Sync Tone |  |
| Song       |  |           |  |
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Multitrack Sheet

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| Studio     |  | Client    |  |
| Artist     |  | Producer  |  |
| Start Time |  | IPS       |  |
| Tracks     |  | EQ        |  |
| N.R.       |  | Sync Tone |  |
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Multitrack Sheet

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| Studio     |  | Client    |  |
| Artist     |  | Producer  |  |
| Start Time |  | IPS       |  |
| Tracks     |  | EQ        |  |
| N.R.       |  | Sync Tone |  |
| Song       |  |           |  |
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Multitrack Sheet

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| Studio     |  | Client    |  |
| Artist     |  | Producer  |  |
| Start Time |  | IPS       |  |
| Tracks     |  | EQ        |  |
| N.R.       |  | Sync Tone |  |
| Song       |  |           |  |
| Instrument |  |           |  |
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Multitrack Sheet

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| Artist     |  | Producer  |  |
| Start Time |  | IPS       |  |
| Tracks     |  | EQ        |  |
| N.R.       |  | Sync Tone |  |
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Multitrack Sheet

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| Artist     |  | Producer  |  |
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| Tracks     |  | EQ        |  |
| N.R.       |  | Sync Tone |  |
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Multitrack Sheet

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| Artist     |  | Producer  |  |
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| Tracks     |  | EQ        |  |
| N.R.       |  | Sync Tone |  |
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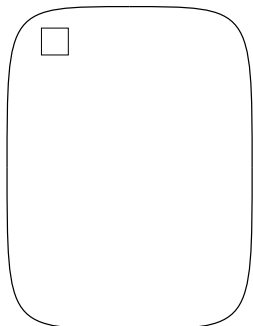
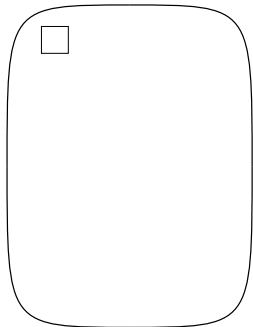
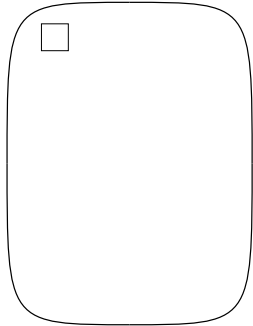
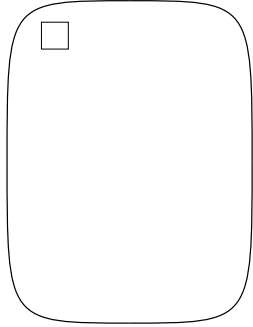
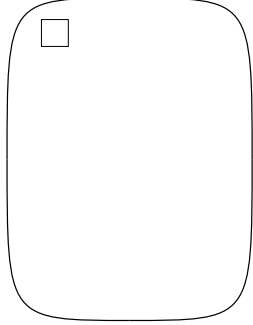
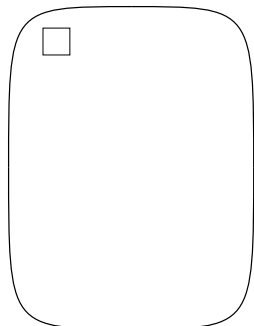
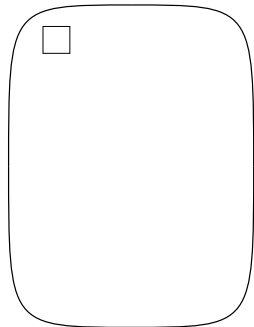
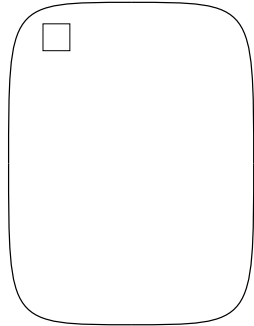
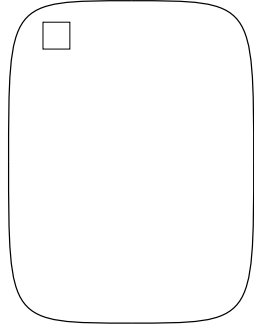
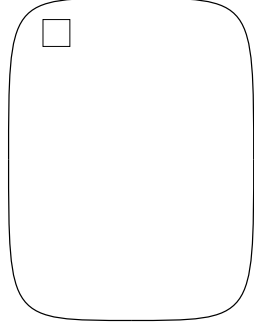




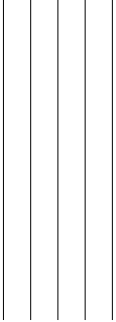
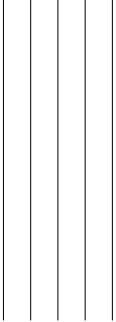
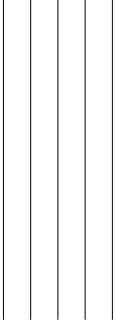
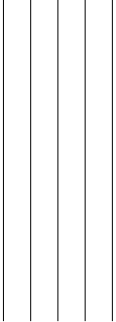
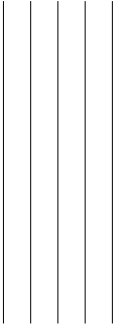
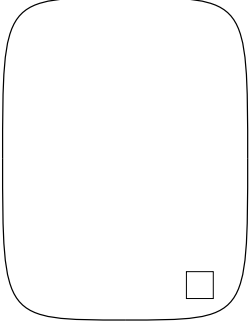
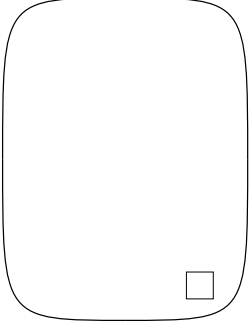
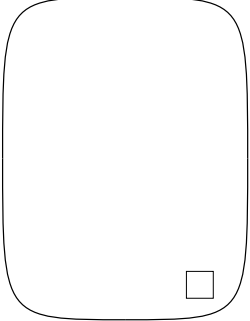
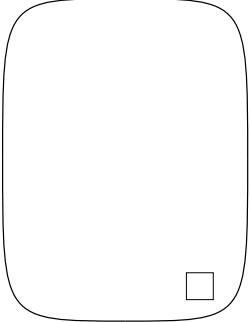
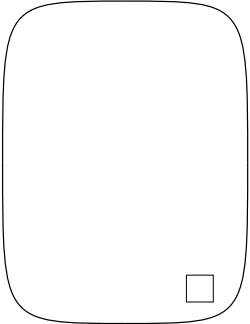
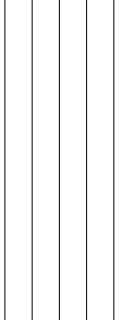
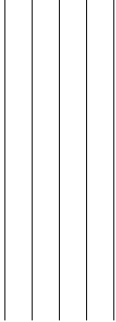
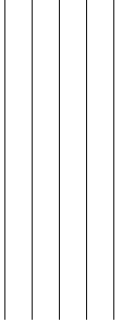
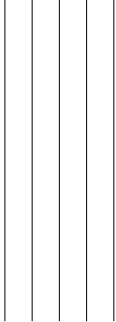
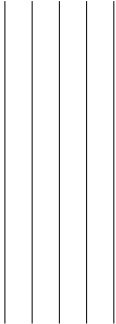
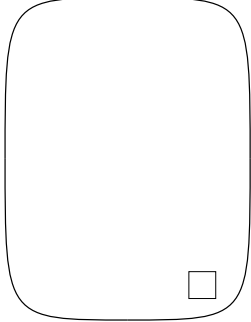
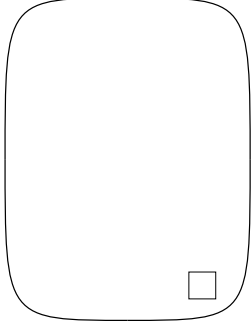
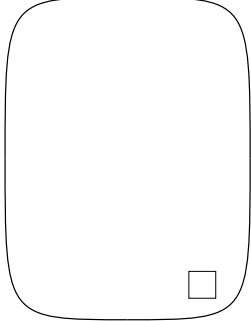
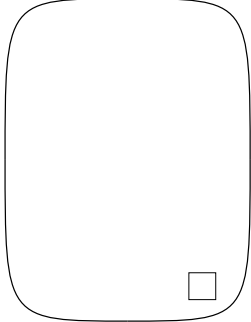
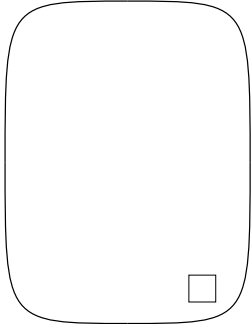




Video Storyboard

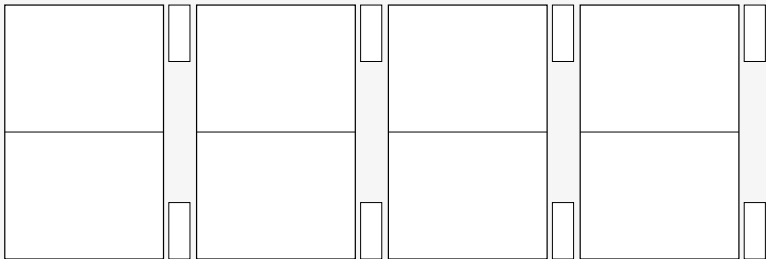
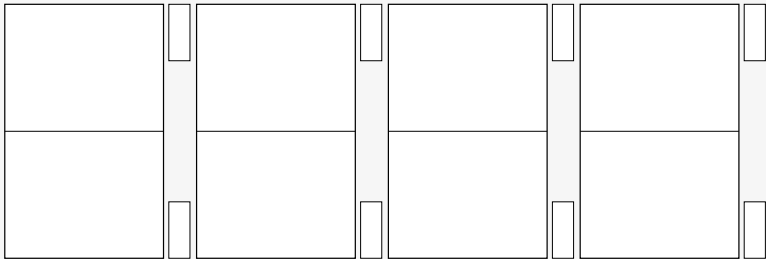
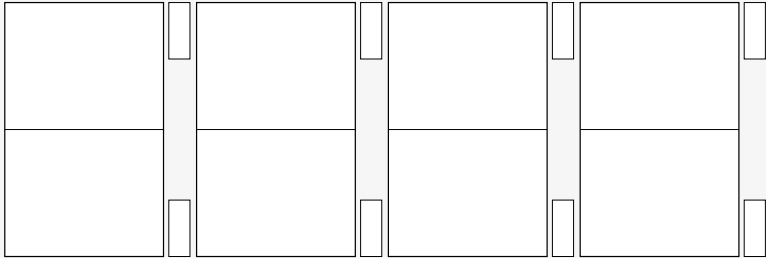
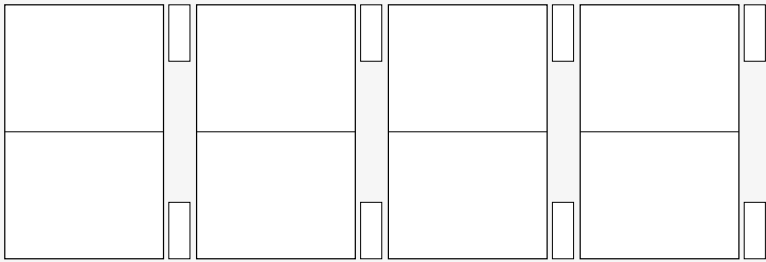
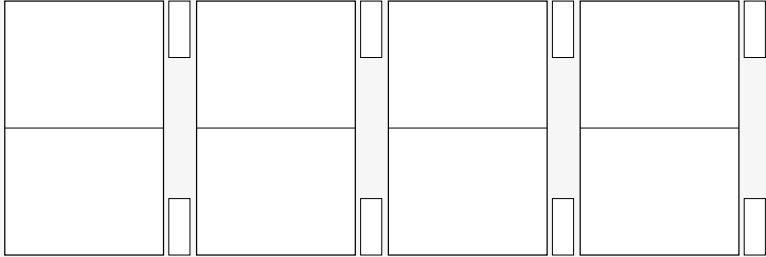


Video Storyboard



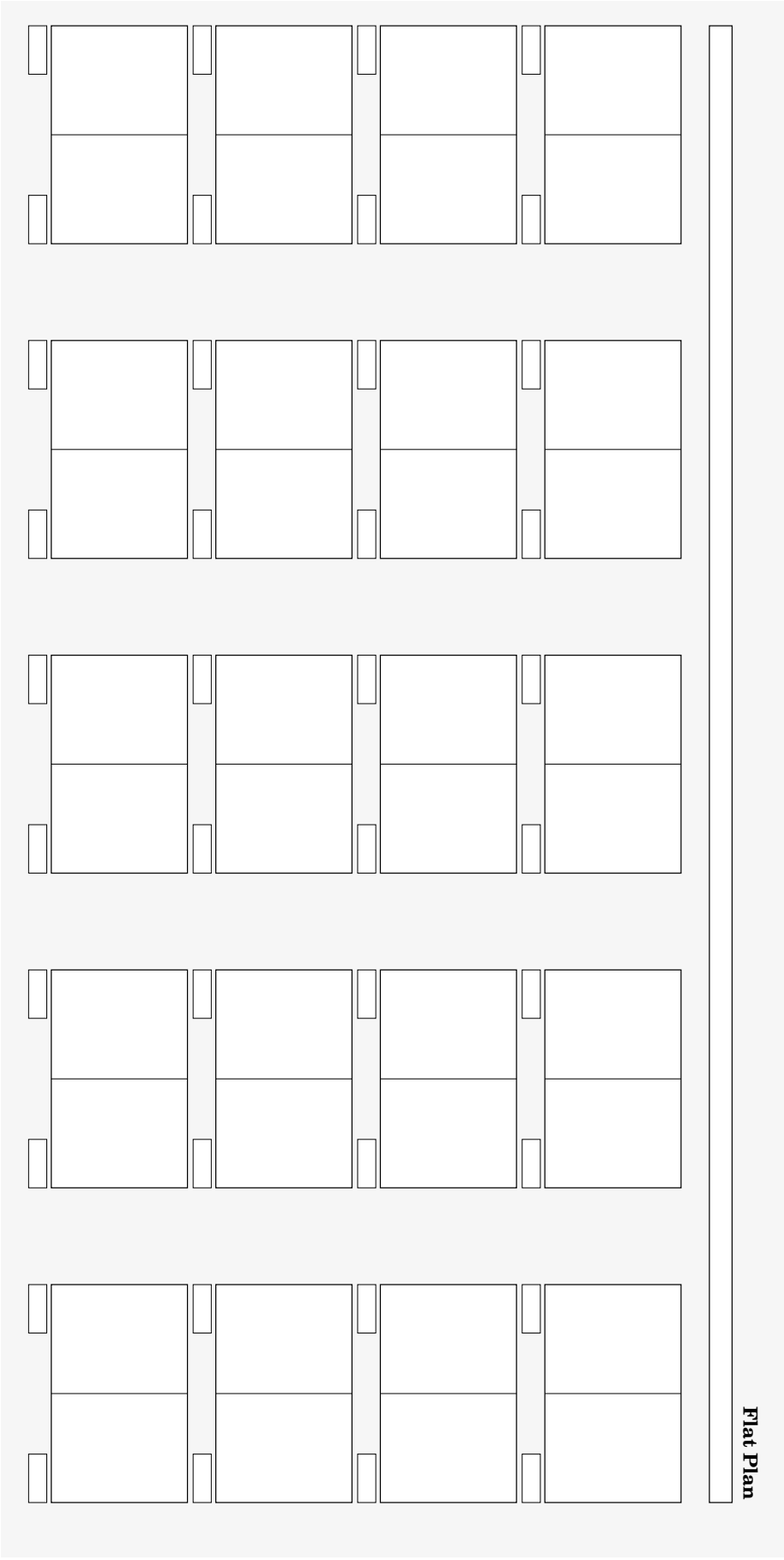


Flat Plan



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### Motor Running Record

[illegible]

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One Imperial Gallon = 4.546 litres

### Motor Running Record

[illegible]

One Imperial Gallon = 4.546 litres

### Motor Running Record

[illegible]

One Imperial Gallon = 4.546 litres

### Motor Running Record

[illegible]

One Imperial Gallon = 4.546 litres

### Motor Running Record

[illegible]

\*One Imperial Gallon = 4.546 litres

## Motor Running Record

[illegible]

\*One Imperial Gallon = 4.546 litres

### Motor Running Record

[illegible]

<sup>4</sup>One Imperial Gallon = 4.546 litres

### Motor Running Record

[illegible]

\*One Imperial Gallon = 4.546 litres

### Church Family Record

|                                  |             |      |          |           |         |      |
|----------------------------------|-------------|------|----------|-----------|---------|------|
| <b>Family Name</b>               |             |      |          |           |         |      |
| Address                          |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
| Tel. Nos. Home                   |             |      | Business |           |         |      |
| <b>Family Details</b>            |             |      |          |           |         |      |
| Family Names & Occupations       | Roll Number | Born | Baptised | Confirmed | Married | Died |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
| <b>Offices and Organisations</b> |             |      |          |           |         |      |
| Name                             | Details     |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |

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### Church Family Record

|                                  |             |      |          |           |         |      |
|----------------------------------|-------------|------|----------|-----------|---------|------|
| <b>Family Name</b>               |             |      |          |           |         |      |
| Address                          |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
| Tel. Nos. Home                   |             |      | Business |           |         |      |
| <b>Family Details</b>            |             |      |          |           |         |      |
| Family Names & Occupations       | Roll Number | Born | Baptised | Confirmed | Married | Died |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
| <b>Offices and Organisations</b> |             |      |          |           |         |      |
| Name                             | Details     |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
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|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |

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### Church Family Record

|                                  |             |      |          |           |         |      |
|----------------------------------|-------------|------|----------|-----------|---------|------|
| <b>Family Name</b>               |             |      |          |           |         |      |
| Address                          |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
| Tel. Nos. Home                   |             |      | Business |           |         |      |
| <b>Family Details</b>            |             |      |          |           |         |      |
| Family Names & Occupations       | Roll Number | Born | Baptised | Confirmed | Married | Died |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
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|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
| <b>Offices and Organisations</b> |             |      |          |           |         |      |
| Name                             | Details     |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
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|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |

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### Church Family Record

|                                  |             |      |          |           |         |      |
|----------------------------------|-------------|------|----------|-----------|---------|------|
| <b>Family Name</b>               |             |      |          |           |         |      |
| Address                          |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
| Tel. Nos. Home                   |             |      | Business |           |         |      |
| <b>Family Details</b>            |             |      |          |           |         |      |
| Family Names & Occupations       | Roll Number | Born | Baptised | Confirmed | Married | Died |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
| <b>Offices and Organisations</b> |             |      |          |           |         |      |
| Name                             | Details     |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |
|                                  |             |      |          |           |         |      |

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## Church Family Record

[illegible]

## Church Family Record

[illegible]

## Church Family Record

[illegible]

## Church Family Record

[illegible]

[illegible]

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[illegible]

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[illegible]

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[illegible]

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## Customer Enquiry

[illegible]

## Customer Enquiry

[illegible]

### Customer Enquiry

[illegible]

### Customer Enquiry

[illegible]



Customer Record

|                |          |
|----------------|----------|
| Account        |          |
| Address        |          |
|                |          |
|                |          |
|                |          |
| Telephone      | Telex    |
| Account No.    |          |
| Category       |          |
| Contacts       |          |
| Name           | Position |
|                |          |
|                |          |
|                |          |
|                |          |
| Call Frequency |          |
| Terms          |          |
|                |          |
|                |          |
|                |          |
| Information    |          |
|                |          |
|                |          |
|                |          |
|                |          |
|                |          |
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|                |          |

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Customer Record

|                |          |
|----------------|----------|
| Account        |          |
| Address        |          |
|                |          |
|                |          |
|                |          |
| Telephone      | Telex    |
| Account No.    |          |
| Category       |          |
| Contacts       |          |
| Name           | Position |
|                |          |
|                |          |
|                |          |
|                |          |
| Call Frequency |          |
| Terms          |          |
|                |          |
|                |          |
|                |          |
| Information    |          |
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|                |          |
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|                |          |

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Customer Record

|                |          |
|----------------|----------|
| Account        |          |
| Address        |          |
|                |          |
|                |          |
|                |          |
| Telephone      | Telex    |
| Account No.    |          |
| Category       |          |
| Contacts       |          |
| Name           | Position |
|                |          |
|                |          |
|                |          |
|                |          |
| Call Frequency |          |
| Terms          |          |
|                |          |
|                |          |
|                |          |
| Information    |          |
|                |          |
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|                |          |
|                |          |
|                |          |
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|                |          |

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Customer Record

|                |          |
|----------------|----------|
| Account        |          |
| Address        |          |
|                |          |
|                |          |
|                |          |
| Telephone      | Telex    |
| Account No.    |          |
| Category       |          |
| Contacts       |          |
| Name           | Position |
|                |          |
|                |          |
|                |          |
|                |          |
| Call Frequency |          |
| Terms          |          |
|                |          |
|                |          |
|                |          |
| Information    |          |
|                |          |
|                |          |
|                |          |
|                |          |
|                |          |
|                |          |
|                |          |

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## Customer Contact

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## Customer Contact

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## Customer Contact

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### Customer Contact

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### Customer Contact

### Customer Contact

### Customer Contact

### Customer Contact

Estate Agent Record

|                    |  |         |  |
|--------------------|--|---------|--|
| Date Instructed    |  | Ref     |  |
| Property           |  |         |  |
| Vendor             |  | Tel.    |  |
| Vendor's Solicitor |  |         |  |
| Det. Semi. TCE     |  | Type    |  |
| Beds               |  | Bath    |  |
| Recep              |  | Kitchen |  |
| Cloaks             |  | Garage  |  |
| Services           |  | C.H.    |  |
| Garden             |  |         |  |
| Remarks            |  |         |  |
| Price              |  | R.V.    |  |
| Viewing            |  |         |  |

Estate Agent Record

|                    |  |         |  |
|--------------------|--|---------|--|
| Date Instructed    |  | Ref     |  |
| Property           |  |         |  |
| Vendor             |  | Tel.    |  |
| Vendor's Solicitor |  |         |  |
| Det. Semi. TCE     |  | Type    |  |
| Beds               |  | Bath    |  |
| Recep              |  | Kitchen |  |
| Cloaks             |  | Garage  |  |
| Services           |  | C.H.    |  |
| Garden             |  |         |  |
| Remarks            |  |         |  |
| Price              |  | R.V.    |  |
| Viewing            |  |         |  |

Estate Agent Record

|                    |  |         |  |
|--------------------|--|---------|--|
| Date Instructed    |  | Ref     |  |
| Property           |  |         |  |
| Vendor             |  | Tel.    |  |
| Vendor's Solicitor |  |         |  |
| Det. Semi. TCE     |  | Type    |  |
| Beds               |  | Bath    |  |
| Recep              |  | Kitchen |  |
| Cloaks             |  | Garage  |  |
| Services           |  | C.H.    |  |
| Garden             |  |         |  |
| Remarks            |  |         |  |
| Price              |  | R.V.    |  |
| Viewing            |  |         |  |

Estate Agent Record

|                    |  |         |  |
|--------------------|--|---------|--|
| Date Instructed    |  | Ref     |  |
| Property           |  |         |  |
| Vendor             |  | Tel.    |  |
| Vendor's Solicitor |  |         |  |
| Det. Semi. TCE     |  | Type    |  |
| Beds               |  | Bath    |  |
| Recep              |  | Kitchen |  |
| Cloaks             |  | Garage  |  |
| Services           |  | C.H.    |  |
| Garden             |  |         |  |
| Remarks            |  |         |  |
| Price              |  | R.V.    |  |
| Viewing            |  |         |  |

Estate Agent Record

|                       |           |
|-----------------------|-----------|
| Price Agreed          |           |
| Purchaser             |           |
| Purchaser's Solicitor |           |
| Property To Sell?     |           |
| Mortgage?             | Bridging? |
| Exchanged             | Completed |
| A/C Sent              | A/C Paid  |
| Notes                 |           |

Estate Agent Record

|                       |           |
|-----------------------|-----------|
| Price Agreed          |           |
| Purchaser             |           |
| Purchaser's Solicitor |           |
| Property To Sell?     |           |
| Mortgage?             | Bridging? |
| Exchanged             | Completed |
| A/C Sent              | A/C Paid  |
| Notes                 |           |

Estate Agent Record

|                       |           |
|-----------------------|-----------|
| Price Agreed          |           |
| Purchaser             |           |
| Purchaser's Solicitor |           |
| Property To Sell?     |           |
| Mortgage?             | Bridging? |
| Exchanged             | Completed |
| A/C Sent              | A/C Paid  |
| Notes                 |           |

Estate Agent Record

|                       |           |
|-----------------------|-----------|
| Price Agreed          |           |
| Purchaser             |           |
| Purchaser's Solicitor |           |
| Property To Sell?     |           |
| Mortgage?             | Bridging? |
| Exchanged             | Completed |
| A/C Sent              | A/C Paid  |
| Notes                 |           |

| Item |       |          |       | Unit Cost | Recorder Level |           |          |               |
|------|-------|----------|-------|-----------|----------------|-----------|----------|---------------|
| Date | Sales | Received | Stock | Value     | Date Ordered   | Order No. | Quantity | Date Received |
|      |       | B/F      |       |           |                |           |          |               |
|      |       |          |       |           |                |           |          |               |
|      |       |          |       |           |                |           |          |               |
|      |       |          |       |           |                |           |          |               |
|      |       |          |       |           |                |           |          |               |
|      |       |          |       |           |                |           |          |               |
|      |       |          |       |           |                |           |          |               |
|      |       |          |       |           |                |           |          |               |
|      |       |          |       |           |                |           |          |               |
|      |       |          |       |           |                |           |          |               |
|      |       |          |       |           |                |           |          |               |
|      |       |          |       |           |                |           |          |               |
|      |       |          |       |           |                |           |          |               |
|      |       |          |       |           |                |           |          |               |
|      |       |          |       |           |                |           |          |               |
|      |       | C/F      |       |           |                |           |          |               |





Meeting Record

|                   |       |  |    |              |
|-------------------|-------|--|----|--------------|
| Date              | Time  |  | No | Agenda Notes |
| Venue             |       |  |    |              |
| Chairperson       |       |  |    |              |
| Present           |       |  |    |              |
| 1                 |       |  |    |              |
| 2                 |       |  |    |              |
| 3                 |       |  |    |              |
| 4                 |       |  |    |              |
| 5                 |       |  |    |              |
| 6                 |       |  |    |              |
| 7                 |       |  |    |              |
| 8                 |       |  |    |              |
| 9                 |       |  |    |              |
| Agenda            |       |  |    |              |
| 1                 |       |  |    |              |
| 2                 |       |  |    |              |
| 3                 |       |  |    |              |
| 4                 |       |  |    |              |
| 5                 |       |  |    |              |
| 6                 |       |  |    |              |
| 7                 |       |  |    |              |
| 8                 |       |  |    |              |
| 9                 |       |  |    |              |
| Next Meeting Date |       |  |    |              |
| Time              | Venue |  |    |              |

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Meeting Record

|                   |       |  |    |              |
|-------------------|-------|--|----|--------------|
| Date              | Time  |  | No | Agenda Notes |
| Venue             |       |  |    |              |
| Chairperson       |       |  |    |              |
| Present           |       |  |    |              |
| 1                 |       |  |    |              |
| 2                 |       |  |    |              |
| 3                 |       |  |    |              |
| 4                 |       |  |    |              |
| 5                 |       |  |    |              |
| 6                 |       |  |    |              |
| 7                 |       |  |    |              |
| 8                 |       |  |    |              |
| 9                 |       |  |    |              |
| Agenda            |       |  |    |              |
| 1                 |       |  |    |              |
| 2                 |       |  |    |              |
| 3                 |       |  |    |              |
| 4                 |       |  |    |              |
| 5                 |       |  |    |              |
| 6                 |       |  |    |              |
| 7                 |       |  |    |              |
| 8                 |       |  |    |              |
| 9                 |       |  |    |              |
| Next Meeting Date |       |  |    |              |
| Time              | Venue |  |    |              |

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**Meeting Record**

|                         |           |  |    |                        |
|-------------------------|-----------|--|----|------------------------|
|                         |           |  |    |                        |
| Record of Decisions     |           |  | No | Agenda Notes Continued |
| 1                       |           |  |    |                        |
|                         |           |  |    |                        |
| 2                       |           |  |    |                        |
|                         |           |  |    |                        |
| 3                       |           |  |    |                        |
|                         |           |  |    |                        |
| 4                       |           |  |    |                        |
|                         |           |  |    |                        |
| 5                       |           |  |    |                        |
|                         |           |  |    |                        |
|                         |           |  |    |                        |
| 1                       |           |  |    |                        |
| Record of Action Points | Action by |  |    |                        |
| 2                       |           |  |    |                        |
|                         |           |  |    |                        |
| 3                       |           |  |    |                        |
|                         |           |  |    |                        |
| 4                       |           |  |    |                        |
|                         |           |  |    |                        |
| 5                       |           |  |    |                        |
|                         |           |  |    |                        |
| 6                       |           |  |    |                        |
|                         |           |  |    |                        |

**Meeting Record**

|                         |           |  |    |                        |
|-------------------------|-----------|--|----|------------------------|
|                         |           |  |    |                        |
| Record of Decisions     |           |  | No | Agenda Notes Continued |
| 1                       |           |  |    |                        |
|                         |           |  |    |                        |
| 2                       |           |  |    |                        |
|                         |           |  |    |                        |
| 3                       |           |  |    |                        |
|                         |           |  |    |                        |
| 4                       |           |  |    |                        |
|                         |           |  |    |                        |
| 5                       |           |  |    |                        |
|                         |           |  |    |                        |
|                         |           |  |    |                        |
| 1                       |           |  |    |                        |
| Record of Action Points | Action by |  |    |                        |
| 2                       |           |  |    |                        |
|                         |           |  |    |                        |
| 3                       |           |  |    |                        |
|                         |           |  |    |                        |
| 4                       |           |  |    |                        |
|                         |           |  |    |                        |
| 5                       |           |  |    |                        |
|                         |           |  |    |                        |
| 6                       |           |  |    |                        |
|                         |           |  |    |                        |

Police Personnel Record

|                                             |                     |             |        |
|---------------------------------------------|---------------------|-------------|--------|
| Force No:                                   |                     | Rank        |        |
| Surname                                     |                     |             |        |
| Forename(s)                                 |                     |             |        |
| Home Address                                |                     |             |        |
|                                             |                     |             |        |
| Telephone No.                               |                     | STD Code    |        |
| Address of NOK (if different)               |                     |             |        |
|                                             |                     |             |        |
| Single/Married/Separated/Divorced/Widow(er) |                     |             |        |
| Spouse's Forename(s)                        |                     |             |        |
| DOB                                         |                     | Place:      |        |
| DOJ Force                                   |                     | DOJ Stn:    |        |
| National Insurance No:                      |                     | / / / /     |        |
| Staff/Pay No:                               |                     |             |        |
| IPA No:                                     |                     |             |        |
| Federation Membership No:                   |                     |             |        |
| Passport No:                                |                     |             |        |
| Police House/Section House/Rent Allowance   |                     |             |        |
| Qualified for Promotion                     |                     | Sgt: (Date) |        |
| Insp: (Date)                                |                     |             |        |
| Firearms Qual:                              | 9mm                 | PPK         | SMG    |
| REV                                         | RIFLE               | OTHER       |        |
| Driving Qualifications                      |                     |             |        |
| Sub-Aqua                                    | yes/no              | Swimmer     | yes/no |
| Boatcrew                                    | yes/no              | Coxswain    | yes/no |
| First Aid Qual:                             | Red Cross/SJAB/SAAA | From:       | To:    |
| Photographic/SOC/HOCP Course                |                     |             |        |
| Police College                              |                     |             |        |
| CID/Dogs/Specialist Courses                 |                     |             |        |
|                                             |                     |             |        |
|                                             |                     |             |        |
| Clerical/HQ's/Admin: Experience             |                     |             |        |
|                                             |                     |             |        |
|                                             |                     |             |        |

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Police Personnel Record

|                                             |                     |             |        |
|---------------------------------------------|---------------------|-------------|--------|
| Force No:                                   |                     | Rank        |        |
| Surname                                     |                     |             |        |
| Forename(s)                                 |                     |             |        |
| Home Address                                |                     |             |        |
|                                             |                     |             |        |
| Telephone No.                               |                     | STD Code    |        |
| Address of NOK (if different)               |                     |             |        |
|                                             |                     |             |        |
| Single/Married/Separated/Divorced/Widow(er) |                     |             |        |
| Spouse's Forename(s)                        |                     |             |        |
| DOB                                         |                     | Place:      |        |
| DOJ Force                                   |                     | DOJ Stn:    |        |
| National Insurance No:                      |                     | / / / /     |        |
| Staff/Pay No:                               |                     |             |        |
| IPA No:                                     |                     |             |        |
| Federation Membership No:                   |                     |             |        |
| Passport No:                                |                     |             |        |
| Police House/Section House/Rent Allowance   |                     |             |        |
| Qualified for Promotion                     |                     | Sgt: (Date) |        |
| Insp: (Date)                                |                     |             |        |
| Firearms Qual:                              | 9mm                 | PPK         | SMG    |
| REV                                         | RIFLE               | OTHER       |        |
| Driving Qualifications                      |                     |             |        |
| Sub-Aqua                                    | yes/no              | Swimmer     | yes/no |
| Boatcrew                                    | yes/no              | Coxswain    | yes/no |
| First Aid Qual:                             | Red Cross/SJAB/SAAA | From:       | To:    |
| Photographic/SOC/HOCP Course                |                     |             |        |
| Police College                              |                     |             |        |
| CID/Dogs/Specialist Courses                 |                     |             |        |
|                                             |                     |             |        |
|                                             |                     |             |        |
| Clerical/HQ's/Admin: Experience             |                     |             |        |
|                                             |                     |             |        |
|                                             |                     |             |        |

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Police Personnel Record

|                                             |                     |             |        |
|---------------------------------------------|---------------------|-------------|--------|
| Force No:                                   |                     | Rank        |        |
| Surname                                     |                     |             |        |
| Forename(s)                                 |                     |             |        |
| Home Address                                |                     |             |        |
|                                             |                     |             |        |
| Telephone No.                               |                     | STD Code    |        |
| Address of NOK (if different)               |                     |             |        |
|                                             |                     |             |        |
| Single/Married/Separated/Divorced/Widow(er) |                     |             |        |
| Spouse's Forename(s)                        |                     |             |        |
| DOB                                         |                     | Place:      |        |
| DOJ Force                                   |                     | DOJ Stn:    |        |
| National Insurance No:                      |                     | / / / /     |        |
| Staff/Pay No:                               |                     |             |        |
| IPA No:                                     |                     |             |        |
| Federation Membership No:                   |                     |             |        |
| Passport No:                                |                     |             |        |
| Police House/Section House/Rent Allowance   |                     |             |        |
| Qualified for Promotion                     |                     | Sgt: (Date) |        |
| Insp: (Date)                                |                     |             |        |
| Firearms Qual:                              | 9mm                 | PPK         | SMG    |
| REV                                         | RIFLE               | OTHER       |        |
| Driving Qualifications                      |                     |             |        |
| Sub-Aqua                                    | yes/no              | Swimmer     | yes/no |
| Boatcrew                                    | yes/no              | Coxswain    | yes/no |
| First Aid Qual:                             | Red Cross/SJAB/SAAA | From:       | To:    |
| Photographic/SOC/HOCP Course                |                     |             |        |
| Police College                              |                     |             |        |
| CID/Dogs/Specialist Courses                 |                     |             |        |
|                                             |                     |             |        |
|                                             |                     |             |        |
| Clerical/HQ's/Admin: Experience             |                     |             |        |
|                                             |                     |             |        |
|                                             |                     |             |        |

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Police Personnel Record

|                                             |                     |             |        |
|---------------------------------------------|---------------------|-------------|--------|
| Force No:                                   |                     | Rank        |        |
| Surname                                     |                     |             |        |
| Forename(s)                                 |                     |             |        |
| Home Address                                |                     |             |        |
|                                             |                     |             |        |
| Telephone No.                               |                     | STD Code    |        |
| Address of NOK (if different)               |                     |             |        |
|                                             |                     |             |        |
| Single/Married/Separated/Divorced/Widow(er) |                     |             |        |
| Spouse's Forename(s)                        |                     |             |        |
| DOB                                         |                     | Place:      |        |
| DOJ Force                                   |                     | DOJ Stn:    |        |
| National Insurance No:                      |                     | / / / /     |        |
| Staff/Pay No:                               |                     |             |        |
| IPA No:                                     |                     |             |        |
| Federation Membership No:                   |                     |             |        |
| Passport No:                                |                     |             |        |
| Police House/Section House/Rent Allowance   |                     |             |        |
| Qualified for Promotion                     |                     | Sgt: (Date) |        |
| Insp: (Date)                                |                     |             |        |
| Firearms Qual:                              | 9mm                 | PPK         | SMG    |
| REV                                         | RIFLE               | OTHER       |        |
| Driving Qualifications                      |                     |             |        |
| Sub-Aqua                                    | yes/no              | Swimmer     | yes/no |
| Boatcrew                                    | yes/no              | Coxswain    | yes/no |
| First Aid Qual:                             | Red Cross/SJAB/SAAA | From:       | To:    |
| Photographic/SOC/HOCP Course                |                     |             |        |
| Police College                              |                     |             |        |
| CID/Dogs/Specialist Courses                 |                     |             |        |
|                                             |                     |             |        |
|                                             |                     |             |        |
| Clerical/HQ's/Admin: Experience             |                     |             |        |
|                                             |                     |             |        |
|                                             |                     |             |        |

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| Authors   | Call No.  |     |    |     |
| Title     | Publisher |     |    |     |
| Journal   | Vol.      | No. | pp | Yr. |
| Key Words |           |     |    |     |
| Notes:    |           |     |    |     |

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| Journal   |  | Vol.      | No. | pp | Yr. |
| Key Words |  |           |     |    |     |
| Notes:    |  |           |     |    |     |
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| Authors   |  | Call No.  |     |    |     |
| Title     |  | Publisher |     |    |     |
| Journal   |  | Vol.      | No. | pp | Yr. |
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| Notes:    |  |           |     |    |     |
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| Journal   |  | Vol.      | No. | pp | Yr. |
| Key Words |  |           |     |    |     |
| Notes:    |  |           |     |    |     |
|           |  |           |     |    |     |

|    | Date<br>Opened | File<br>Number | Court<br>Number | Court | Insurance<br>Number | Opposing Attorney | Name of Case |
|----|----------------|----------------|-----------------|-------|---------------------|-------------------|--------------|
| 1  |                |                |                 |       |                     |                   |              |
| 2  |                |                |                 |       |                     |                   |              |
| 3  |                |                |                 |       |                     |                   |              |
| 4  |                |                |                 |       |                     |                   |              |
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| 6  |                |                |                 |       |                     |                   |              |
| 7  |                |                |                 |       |                     |                   |              |
| 8  |                |                |                 |       |                     |                   |              |
| 9  |                |                |                 |       |                     |                   |              |
| 10 |                |                |                 |       |                     |                   |              |
| 11 |                |                |                 |       |                     |                   |              |
| 12 |                |                |                 |       |                     |                   |              |
| 13 |                |                |                 |       |                     |                   |              |
| 14 |                |                |                 |       |                     |                   |              |
| 15 |                |                |                 |       |                     |                   |              |
| 16 |                |                |                 |       |                     |                   |              |

Case Load Index

|    | Date<br>Opened | File<br>Number | Court<br>Number | Court | Insurance<br>Number | Opposing Attorney | Name of Case |
|----|----------------|----------------|-----------------|-------|---------------------|-------------------|--------------|
| 1  |                |                |                 |       |                     |                   |              |
| 2  |                |                |                 |       |                     |                   |              |
| 3  |                |                |                 |       |                     |                   |              |
| 4  |                |                |                 |       |                     |                   |              |
| 5  |                |                |                 |       |                     |                   |              |
| 6  |                |                |                 |       |                     |                   |              |
| 7  |                |                |                 |       |                     |                   |              |
| 8  |                |                |                 |       |                     |                   |              |
| 9  |                |                |                 |       |                     |                   |              |
| 10 |                |                |                 |       |                     |                   |              |
| 11 |                |                |                 |       |                     |                   |              |
| 12 |                |                |                 |       |                     |                   |              |
| 13 |                |                |                 |       |                     |                   |              |
| 14 |                |                |                 |       |                     |                   |              |
| 15 |                |                |                 |       |                     |                   |              |
| 16 |                |                |                 |       |                     |                   |              |

Case Load Index

|    | Date<br>Opened | File<br>Number | Court<br>Number | Court | Insurance<br>Number | Opposing Attorney | Name of Case |
|----|----------------|----------------|-----------------|-------|---------------------|-------------------|--------------|
| 1  |                |                |                 |       |                     |                   |              |
| 2  |                |                |                 |       |                     |                   |              |
| 3  |                |                |                 |       |                     |                   |              |
| 4  |                |                |                 |       |                     |                   |              |
| 5  |                |                |                 |       |                     |                   |              |
| 6  |                |                |                 |       |                     |                   |              |
| 7  |                |                |                 |       |                     |                   |              |
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| 14 |                |                |                 |       |                     |                   |              |
| 15 |                |                |                 |       |                     |                   |              |
| 16 |                |                |                 |       |                     |                   |              |

Case Load Index

|    | Date<br>Opened | File<br>Number | Court<br>Number | Court | Insurance<br>Number | Opposing Attorney | Name of Case |
|----|----------------|----------------|-----------------|-------|---------------------|-------------------|--------------|
| 1  |                |                |                 |       |                     |                   |              |
| 2  |                |                |                 |       |                     |                   |              |
| 3  |                |                |                 |       |                     |                   |              |
| 4  |                |                |                 |       |                     |                   |              |
| 5  |                |                |                 |       |                     |                   |              |
| 6  |                |                |                 |       |                     |                   |              |
| 7  |                |                |                 |       |                     |                   |              |
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| 11 |                |                |                 |       |                     |                   |              |
| 12 |                |                |                 |       |                     |                   |              |
| 13 |                |                |                 |       |                     |                   |              |
| 14 |                |                |                 |       |                     |                   |              |
| 15 |                |                |                 |       |                     |                   |              |
| 16 |                |                |                 |       |                     |                   |              |

Case Load Index

Case Load Index

|    | Date<br>Opened | File<br>Number | Court<br>Number | Court | Insurance<br>Number | Opposing Attorney | Name of Case |
|----|----------------|----------------|-----------------|-------|---------------------|-------------------|--------------|
| 17 |                |                |                 |       |                     |                   |              |
| 18 |                |                |                 |       |                     |                   |              |
| 19 |                |                |                 |       |                     |                   |              |
| 20 |                |                |                 |       |                     |                   |              |
| 21 |                |                |                 |       |                     |                   |              |
| 22 |                |                |                 |       |                     |                   |              |
| 23 |                |                |                 |       |                     |                   |              |
| 24 |                |                |                 |       |                     |                   |              |
| 25 |                |                |                 |       |                     |                   |              |
| 26 |                |                |                 |       |                     |                   |              |
| 27 |                |                |                 |       |                     |                   |              |
| 28 |                |                |                 |       |                     |                   |              |
| 29 |                |                |                 |       |                     |                   |              |
| 30 |                |                |                 |       |                     |                   |              |
| 31 |                |                |                 |       |                     |                   |              |
| 32 |                |                |                 |       |                     |                   |              |

Case Load Index

|    | Date<br>Opened | File<br>Number | Court<br>Number | Court | Insurance<br>Number | Opposing Attorney | Name of Case |
|----|----------------|----------------|-----------------|-------|---------------------|-------------------|--------------|
| 17 |                |                |                 |       |                     |                   |              |
| 18 |                |                |                 |       |                     |                   |              |
| 19 |                |                |                 |       |                     |                   |              |
| 20 |                |                |                 |       |                     |                   |              |
| 21 |                |                |                 |       |                     |                   |              |
| 22 |                |                |                 |       |                     |                   |              |
| 23 |                |                |                 |       |                     |                   |              |
| 24 |                |                |                 |       |                     |                   |              |
| 25 |                |                |                 |       |                     |                   |              |
| 26 |                |                |                 |       |                     |                   |              |
| 27 |                |                |                 |       |                     |                   |              |
| 28 |                |                |                 |       |                     |                   |              |
| 29 |                |                |                 |       |                     |                   |              |
| 30 |                |                |                 |       |                     |                   |              |
| 31 |                |                |                 |       |                     |                   |              |
| 32 |                |                |                 |       |                     |                   |              |

Case Load Index

|    | Date<br>Opened | File<br>Number | Court<br>Number | Court | Insurance<br>Number | Opposing Attorney | Name of Case |
|----|----------------|----------------|-----------------|-------|---------------------|-------------------|--------------|
| 17 |                |                |                 |       |                     |                   |              |
| 18 |                |                |                 |       |                     |                   |              |
| 19 |                |                |                 |       |                     |                   |              |
| 20 |                |                |                 |       |                     |                   |              |
| 21 |                |                |                 |       |                     |                   |              |
| 22 |                |                |                 |       |                     |                   |              |
| 23 |                |                |                 |       |                     |                   |              |
| 24 |                |                |                 |       |                     |                   |              |
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| 27 |                |                |                 |       |                     |                   |              |
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| 29 |                |                |                 |       |                     |                   |              |
| 30 |                |                |                 |       |                     |                   |              |
| 31 |                |                |                 |       |                     |                   |              |
| 32 |                |                |                 |       |                     |                   |              |

Case Load Index

|    | Date<br>Opened | File<br>Number | Court<br>Number | Court | Insurance<br>Number | Opposing Attorney | Name of Case |
|----|----------------|----------------|-----------------|-------|---------------------|-------------------|--------------|
| 17 |                |                |                 |       |                     |                   |              |
| 18 |                |                |                 |       |                     |                   |              |
| 19 |                |                |                 |       |                     |                   |              |
| 20 |                |                |                 |       |                     |                   |              |
| 21 |                |                |                 |       |                     |                   |              |
| 22 |                |                |                 |       |                     |                   |              |
| 23 |                |                |                 |       |                     |                   |              |
| 24 |                |                |                 |       |                     |                   |              |
| 25 |                |                |                 |       |                     |                   |              |
| 26 |                |                |                 |       |                     |                   |              |
| 27 |                |                |                 |       |                     |                   |              |
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| 29 |                |                |                 |       |                     |                   |              |
| 30 |                |                |                 |       |                     |                   |              |
| 31 |                |                |                 |       |                     |                   |              |
| 32 |                |                |                 |       |                     |                   |              |



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To Accompany Soldier On Transfer

**Platoon Commander's Roll Book**

|                                      |      |                 |       |             |        |
|--------------------------------------|------|-----------------|-------|-------------|--------|
| ZAP Number                           |      | Number          |       |             |        |
| Rel                                  | Rank | Surname         |       |             |        |
|                                      |      | Christian Names |       |             |        |
| DOB                                  |      |                 |       |             |        |
| Civ Employment                       |      | SWF             | SSDF  | ADAT        | ABF    |
| Hobbies                              |      |                 |       |             |        |
| Details of Family<br>(Wife/Children) |      |                 |       |             |        |
| NOK                                  |      | Alt NOK         |       |             |        |
| Address                              |      | Address         |       |             |        |
| Relationship                         |      | Relationship    |       |             |        |
| Engagement                           |      | ROD             |       |             |        |
| Joined Pl                            |      | Previous Emp    |       |             |        |
| Education                            |      |                 |       | Blood Group |        |
| COURSES                              |      |                 |       |             |        |
| Course                               |      | Place           | Dates |             | Result |
|                                      |      |                 |       |             |        |

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To Accompany Soldier On Transfer

**Platoon Commander's Roll Book**

|                                      |      |                 |       |             |        |
|--------------------------------------|------|-----------------|-------|-------------|--------|
| ZAP Number                           |      | Number          |       |             |        |
| Rel                                  | Rank | Surname         |       |             |        |
|                                      |      | Christian Names |       |             |        |
| DOB                                  |      |                 |       |             |        |
| Civ Employment                       |      | SWF             | SSDF  | ADAT        | ABF    |
| Hobbies                              |      |                 |       |             |        |
| Details of Family<br>(Wife/Children) |      |                 |       |             |        |
| NOK                                  |      | Alt NOK         |       |             |        |
| Address                              |      | Address         |       |             |        |
| Relationship                         |      | Relationship    |       |             |        |
| Engagement                           |      | ROD             |       |             |        |
| Joined Pl                            |      | Previous Emp    |       |             |        |
| Education                            |      |                 |       | Blood Group |        |
| COURSES                              |      |                 |       |             |        |
| Course                               |      | Place           | Dates |             | Result |
|                                      |      |                 |       |             |        |

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**Platoon Commander's Roll Book**

|                                      |      |                 |       |             |        |
|--------------------------------------|------|-----------------|-------|-------------|--------|
| ZAP Number                           |      | Number          |       |             |        |
| Rel                                  | Rank | Surname         |       |             |        |
|                                      |      | Christian Names |       |             |        |
| DOB                                  |      |                 |       |             |        |
| Civ Employment                       |      | SWF             | SSDF  | ADAT        | ABF    |
| Hobbies                              |      |                 |       |             |        |
| Details of Family<br>(Wife/Children) |      |                 |       |             |        |
| NOK                                  |      | Alt NOK         |       |             |        |
| Address                              |      | Address         |       |             |        |
| Relationship                         |      | Relationship    |       |             |        |
| Engagement                           |      | ROD             |       |             |        |
| Joined Pl                            |      | Previous Emp    |       |             |        |
| Education                            |      |                 |       | Blood Group |        |
| COURSES                              |      |                 |       |             |        |
| Course                               |      | Place           | Dates |             | Result |
|                                      |      |                 |       |             |        |

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To Accompany Soldier On Transfer

**Platoon Commander's Roll Book**

|                                      |      |                 |       |             |        |
|--------------------------------------|------|-----------------|-------|-------------|--------|
| ZAP Number                           |      | Number          |       |             |        |
| Rel                                  | Rank | Surname         |       |             |        |
|                                      |      | Christian Names |       |             |        |
| DOB                                  |      |                 |       |             |        |
| Civ Employment                       |      | SWF             | SSDF  | ADAT        | ABF    |
| Hobbies                              |      |                 |       |             |        |
| Details of Family<br>(Wife/Children) |      |                 |       |             |        |
| NOK                                  |      | Alt NOK         |       |             |        |
| Address                              |      | Address         |       |             |        |
| Relationship                         |      | Relationship    |       |             |        |
| Engagement                           |      | ROD             |       |             |        |
| Joined Pl                            |      | Previous Emp    |       |             |        |
| Education                            |      |                 |       | Blood Group |        |
| COURSES                              |      |                 |       |             |        |
| Course                               |      | Place           | Dates |             | Result |
|                                      |      |                 |       |             |        |

**Platoon Commander’s Roll Book**

|                       |            |                       |                       |
|-----------------------|------------|-----------------------|-----------------------|
| Description           |            |                       |                       |
| Height                | Hair       |                       | Visible marks & scars |
| Eyes                  | Complexion |                       |                       |
| Mod 90                |            | Passport              |                       |
| Number                |            | Number                |                       |
| Date of Issue         |            | Place & Date of Issue |                       |
| Driving Licence Types |            | Expiry Date           |                       |
| Miscellaneous Info    |            |                       |                       |
| Hat Size              |            | Butt Size             |                       |
| Neck "                |            | Respirator            |                       |
| Chest "               |            | Boot Size             |                       |
| Leg "                 |            | P/Wpn Reg No          |                       |
| Waist "               |            |                       |                       |
| BE Test               | APWT       | ALT<br>APWT           | NBC Test              |
| APFA                  |            |                       |                       |
| Mil Swimmer.          |            |                       |                       |
| Pl Comds Remarks      |            |                       |                       |

**Platoon Commander’s Roll Book**

|                       |            |                       |                       |
|-----------------------|------------|-----------------------|-----------------------|
| Description           |            |                       |                       |
| Height                | Hair       |                       | Visible marks & scars |
| Eyes                  | Complexion |                       |                       |
| Mod 90                |            | Passport              |                       |
| Number                |            | Number                |                       |
| Date of Issue         |            | Place & Date of Issue |                       |
| Driving Licence Types |            | Expiry Date           |                       |
| Miscellaneous Info    |            |                       |                       |
| Hat Size              |            | Butt Size             |                       |
| Neck "                |            | Respirator            |                       |
| Chest "               |            | Boot Size             |                       |
| Leg "                 |            | P/Wpn Reg No          |                       |
| Waist "               |            |                       |                       |
| BE Test               | APWT       | ALT<br>APWT           | NBC Test              |
| APFA                  |            |                       |                       |
| Mil Swimmer.          |            |                       |                       |
| Pl Comds Remarks      |            |                       |                       |

**Platoon Commander’s Roll Book**

|                       |            |                       |                       |
|-----------------------|------------|-----------------------|-----------------------|
| Description           |            |                       |                       |
| Height                | Hair       |                       | Visible marks & scars |
| Eyes                  | Complexion |                       |                       |
| Mod 90                |            | Passport              |                       |
| Number                |            | Number                |                       |
| Date of Issue         |            | Place & Date of Issue |                       |
| Driving Licence Types |            | Expiry Date           |                       |
| Miscellaneous Info    |            |                       |                       |
| Hat Size              |            | Butt Size             |                       |
| Neck "                |            | Respirator            |                       |
| Chest "               |            | Boot Size             |                       |
| Leg "                 |            | P/Wpn Reg No          |                       |
| Waist "               |            |                       |                       |
| BE Test               | APWT       | ALT<br>APWT           | NBC Test              |
| APFA                  |            |                       |                       |
| Mil Swimmer.          |            |                       |                       |
| Pl Comds Remarks      |            |                       |                       |

**Platoon Commander’s Roll Book**

|                       |            |                       |                       |
|-----------------------|------------|-----------------------|-----------------------|
| Description           |            |                       |                       |
| Height                | Hair       |                       | Visible marks & scars |
| Eyes                  | Complexion |                       |                       |
| Mod 90                |            | Passport              |                       |
| Number                |            | Number                |                       |
| Date of Issue         |            | Place & Date of Issue |                       |
| Driving Licence Types |            | Expiry Date           |                       |
| Miscellaneous Info    |            |                       |                       |
| Hat Size              |            | Butt Size             |                       |
| Neck "                |            | Respirator            |                       |
| Chest "               |            | Boot Size             |                       |
| Leg "                 |            | P/Wpn Reg No          |                       |
| Waist "               |            |                       |                       |
| BE Test               | APWT       | ALT<br>APWT           | NBC Test              |
| APFA                  |            |                       |                       |
| Mil Swimmer.          |            |                       |                       |
| Pl Comds Remarks      |            |                       |                       |

## Troop Commander's Bible

|                                   |            |                        |            |            |            |
|-----------------------------------|------------|------------------------|------------|------------|------------|
| Name                              |            | Forenames              |            |            |            |
| Rank                              | Number     | Engagement             |            |            |            |
| DOB                               | Religion   | Date of Discharge      |            |            |            |
| Awards, Medals                    | SQ         | Joined Corps           |            |            |            |
| Marital Status                    | Adquals    | Joined Unit            |            |            |            |
| AWT                               | BFT        | Joined Tp              |            |            |            |
| NOK                               |            | Alternative NOK        |            |            |            |
| Relationship                      |            | Relationship           |            |            |            |
| Address                           |            | Address                |            |            |            |
| Tel<br>Date                       |            | Tel<br>Date            |            |            |            |
| Employment                        |            | Education              |            |            |            |
| Seniority (as Candidate./Cpl etc) |            | Civilian Qualification |            |            |            |
| Previous 365A Gradings            |            |                        |            |            |            |
| Pd Ending                         | May<br>Nov | May<br>Nov             | May<br>Nov | May<br>Nov | May<br>Nov |
| Marked<br>in rank                 |            |                        |            |            |            |
| Grade                             |            |                        |            |            |            |
| Mark                              |            |                        |            |            |            |
| Command Course Attended & Result  |            |                        |            |            |            |

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## Troop Commander's Bible

|                                   |            |                        |            |            |            |
|-----------------------------------|------------|------------------------|------------|------------|------------|
| Name                              |            | Forenames              |            |            |            |
| Rank                              | Number     | Engagement             |            |            |            |
| DOB                               | Religion   | Date of Discharge      |            |            |            |
| Awards, Medals                    | SQ         | Joined Corps           |            |            |            |
| Marital Status                    | Adquals    | Joined Unit            |            |            |            |
| AWT                               | BFT        | Joined Tp              |            |            |            |
| NOK                               |            | Alternative NOK        |            |            |            |
| Relationship                      |            | Relationship           |            |            |            |
| Address                           |            | Address                |            |            |            |
| Tel<br>Date                       |            | Tel<br>Date            |            |            |            |
| Employment                        |            | Education              |            |            |            |
| Seniority (as Candidate./Cpl etc) |            | Civilian Qualification |            |            |            |
| Previous 365A Gradings            |            |                        |            |            |            |
| Pd Ending                         | May<br>Nov | May<br>Nov             | May<br>Nov | May<br>Nov | May<br>Nov |
| Marked<br>in rank                 |            |                        |            |            |            |
| Grade                             |            |                        |            |            |            |
| Mark                              |            |                        |            |            |            |
| Command Course Attended & Result  |            |                        |            |            |            |

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## Troop Commander's Bible

|                                   |            |                        |            |            |            |
|-----------------------------------|------------|------------------------|------------|------------|------------|
| Name                              |            | Forenames              |            |            |            |
| Rank                              | Number     | Engagement             |            |            |            |
| DOB                               | Religion   | Date of Discharge      |            |            |            |
| Awards, Medals                    | SQ         | Joined Corps           |            |            |            |
| Marital Status                    | Adquals    | Joined Unit            |            |            |            |
| AWT                               | BFT        | Joined Tp              |            |            |            |
| NOK                               |            | Alternative NOK        |            |            |            |
| Relationship                      |            | Relationship           |            |            |            |
| Address                           |            | Address                |            |            |            |
| Tel<br>Date                       |            | Tel<br>Date            |            |            |            |
| Employment                        |            | Education              |            |            |            |
| Seniority (as Candidate./Cpl etc) |            | Civilian Qualification |            |            |            |
| Previous 365A Gradings            |            |                        |            |            |            |
| Pd Ending                         | May<br>Nov | May<br>Nov             | May<br>Nov | May<br>Nov | May<br>Nov |
| Marked<br>in rank                 |            |                        |            |            |            |
| Grade                             |            |                        |            |            |            |
| Mark                              |            |                        |            |            |            |
| Command Course Attended & Result  |            |                        |            |            |            |

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## Troop Commander's Bible

|                                   |            |                        |            |            |            |
|-----------------------------------|------------|------------------------|------------|------------|------------|
| Name                              |            | Forenames              |            |            |            |
| Rank                              | Number     | Engagement             |            |            |            |
| DOB                               | Religion   | Date of Discharge      |            |            |            |
| Awards, Medals                    | SQ         | Joined Corps           |            |            |            |
| Marital Status                    | Adquals    | Joined Unit            |            |            |            |
| AWT                               | BFT        | Joined Tp              |            |            |            |
| NOK                               |            | Alternative NOK        |            |            |            |
| Relationship                      |            | Relationship           |            |            |            |
| Address                           |            | Address                |            |            |            |
| Tel<br>Date                       |            | Tel<br>Date            |            |            |            |
| Employment                        |            | Education              |            |            |            |
| Seniority (as Candidate./Cpl etc) |            | Civilian Qualification |            |            |            |
| Previous 365A Gradings            |            |                        |            |            |            |
| Pd Ending                         | May<br>Nov | May<br>Nov             | May<br>Nov | May<br>Nov | May<br>Nov |
| Marked<br>in rank                 |            |                        |            |            |            |
| Grade                             |            |                        |            |            |            |
| Mark                              |            |                        |            |            |            |
| Command Course Attended & Result  |            |                        |            |            |            |

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Troop Commander’s Bible

|                               |                 |            |
|-------------------------------|-----------------|------------|
| Address if living ashore      |                 |            |
| Tel                           |                 |            |
| Service History               |                 |            |
| Date                          | Unit            | Employment |
|                               |                 |            |
| Future Employment Preferences |                 |            |
|                               |                 |            |
| Blood Group                   | P U L H E E M S |            |
| TABT                          | Small Pox       |            |
| Yellow Fever                  | X Ray           |            |
| Sports/Interests              |                 |            |
|                               |                 |            |
| Languages                     |                 |            |
| ID Card No                    | Passport No     |            |
| Wpn No                        | Expiry Date     |            |
| Driving Licences              | BSR             |            |
| Remarks                       |                 |            |
| (Continue on blank sheet)     |                 |            |

Troop Commander’s Bible

|                               |                 |            |
|-------------------------------|-----------------|------------|
| Address if living ashore      |                 |            |
| Tel                           |                 |            |
| Service History               |                 |            |
| Date                          | Unit            | Employment |
|                               |                 |            |
| Future Employment Preferences |                 |            |
|                               |                 |            |
| Blood Group                   | P U L H E E M S |            |
| TABT                          | Small Pox       |            |
| Yellow Fever                  | X Ray           |            |
| Sports/Interests              |                 |            |
|                               |                 |            |
| Languages                     |                 |            |
| ID Card No                    | Passport No     |            |
| Wpn No                        | Expiry Date     |            |
| Driving Licences              | BSR             |            |
| Remarks                       |                 |            |
| (Continue on blank sheet)     |                 |            |

Troop Commander’s Bible

|                               |                 |            |
|-------------------------------|-----------------|------------|
| Address if living ashore      |                 |            |
| Tel                           |                 |            |
| Service History               |                 |            |
| Date                          | Unit            | Employment |
|                               |                 |            |
| Future Employment Preferences |                 |            |
|                               |                 |            |
| Blood Group                   | P U L H E E M S |            |
| TABT                          | Small Pox       |            |
| Yellow Fever                  | X Ray           |            |
| Sports/Interests              |                 |            |
|                               |                 |            |
| Languages                     |                 |            |
| ID Card No                    | Passport No     |            |
| Wpn No                        | Expiry Date     |            |
| Driving Licences              | BSR             |            |
| Remarks                       |                 |            |
| (Continue on blank sheet)     |                 |            |

Troop Commander’s Bible

|                               |                 |            |
|-------------------------------|-----------------|------------|
| Address if living ashore      |                 |            |
| Tel                           |                 |            |
| Service History               |                 |            |
| Date                          | Unit            | Employment |
|                               |                 |            |
| Future Employment Preferences |                 |            |
|                               |                 |            |
| Blood Group                   | P U L H E E M S |            |
| TABT                          | Small Pox       |            |
| Yellow Fever                  | X Ray           |            |
| Sports/Interests              |                 |            |
|                               |                 |            |
| Languages                     |                 |            |
| ID Card No                    | Passport No     |            |
| Wpn No                        | Expiry Date     |            |
| Driving Licences              | BSR             |            |
| Remarks                       |                 |            |
| (Continue on blank sheet)     |                 |            |

Military Lesson Plan

|                     |          |        |       |         |
|---------------------|----------|--------|-------|---------|
| Subject             |          |        |       |         |
| S/Aids              |          |        |       |         |
| Aim                 |          |        |       |         |
| Beginning of Lesson |          |        |       |         |
| Time                | Prelims  |        |       |         |
|                     | Revision |        |       |         |
|                     | Approach |        |       |         |
| Middle of Lesson    |          |        |       |         |
|                     | Stage    | S/Acts | Forms | Remarks |
|                     |          |        |       |         |

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Military Lesson Plan

|                     |          |        |       |         |
|---------------------|----------|--------|-------|---------|
| Subject             |          |        |       |         |
| S/Aids              |          |        |       |         |
| Aim                 |          |        |       |         |
| Beginning of Lesson |          |        |       |         |
| Time                | Prelims  |        |       |         |
|                     | Revision |        |       |         |
|                     | Approach |        |       |         |
| Middle of Lesson    |          |        |       |         |
|                     | Stage    | S/Acts | Forms | Remarks |
|                     |          |        |       |         |

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Military Lesson Plan

|                     |          |        |       |         |
|---------------------|----------|--------|-------|---------|
| Subject             |          |        |       |         |
| S/Aids              |          |        |       |         |
| Aim                 |          |        |       |         |
| Beginning of Lesson |          |        |       |         |
| Time                | Prelims  |        |       |         |
|                     | Revision |        |       |         |
|                     | Approach |        |       |         |
| Middle of Lesson    |          |        |       |         |
|                     | Stage    | S/Acts | Forms | Remarks |
|                     |          |        |       |         |

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Military Lesson Plan

|                     |          |        |       |         |
|---------------------|----------|--------|-------|---------|
| Subject             |          |        |       |         |
| S/Aids              |          |        |       |         |
| Aim                 |          |        |       |         |
| Beginning of Lesson |          |        |       |         |
| Time                | Prelims  |        |       |         |
|                     | Revision |        |       |         |
|                     | Approach |        |       |         |
| Middle of Lesson    |          |        |       |         |
|                     | Stage    | S/Acts | Forms | Remarks |
|                     |          |        |       |         |

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**Military Lesson Plan**

|                    |              |           |
|--------------------|--------------|-----------|
| Time               | Questions    | From & To |
|                    | NSPS         |           |
|                    | Pack Up      |           |
|                    | Summary      |           |
|                    | Look Forward |           |
| Instructor's Notes |              |           |

**Military Lesson Plan**

|                    |              |           |
|--------------------|--------------|-----------|
| Time               | Questions    | From & To |
|                    | NSPS         |           |
|                    | Pack Up      |           |
|                    | Summary      |           |
|                    | Look Forward |           |
| Instructor's Notes |              |           |

**Military Lesson Plan**

|                    |              |           |
|--------------------|--------------|-----------|
| Time               | Questions    | From & To |
|                    | NSPS         |           |
|                    | Pack Up      |           |
|                    | Summary      |           |
|                    | Look Forward |           |
| Instructor's Notes |              |           |

**Military Lesson Plan**

|                    |              |           |
|--------------------|--------------|-----------|
| Time               | Questions    | From & To |
|                    | NSPS         |           |
|                    | Pack Up      |           |
|                    | Summary      |           |
|                    | Look Forward |           |
| Instructor's Notes |              |           |







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**Military Course Record**

|              |       |         |
|--------------|-------|---------|
| Cadre/Course |       |         |
| From         | To    |         |
| Name         |       |         |
| Instr        |       |         |
| Squad        |       |         |
| Subject      | Score | Remarks |
|              |       |         |

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**Military Course Record**

|              |       |         |
|--------------|-------|---------|
| Cadre/Course |       |         |
| From         | To    |         |
| Name         |       |         |
| Instr        |       |         |
| Squad        |       |         |
| Subject      | Score | Remarks |
|              |       |         |

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**Military Course Record**

|              |       |         |
|--------------|-------|---------|
| Cadre/Course |       |         |
| From         | To    |         |
| Name         |       |         |
| Instr        |       |         |
| Squad        |       |         |
| Subject      | Score | Remarks |
|              |       |         |

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**Military Course Record**

|              |       |         |
|--------------|-------|---------|
| Cadre/Course |       |         |
| From         | To    |         |
| Name         |       |         |
| Instr        |       |         |
| Squad        |       |         |
| Subject      | Score | Remarks |
|              |       |         |

**Military Course Record**

|                            |
|----------------------------|
| <div>OIC Comments</div>    |
| <div>Recommendations</div> |

**Military Course Record**

|                            |
|----------------------------|
| <div>OIC Comments</div>    |
| <div>Recommendations</div> |

**Military Course Record**

|                            |
|----------------------------|
| <div>OIC Comments</div>    |
| <div>Recommendations</div> |

**Military Course Record**

|                            |
|----------------------------|
| <div>OIC Comments</div>    |
| <div>Recommendations</div> |









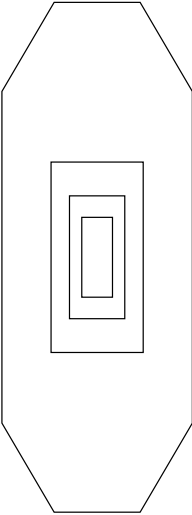
PERSONAL GROUPING/RANGE CARD

Date

Group Size



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| Shot | Blah | Observations |
|------|------|--------------|
| 1    |      |              |
| 2    |      |              |
| 3    |      |              |
| 4    |      |              |
| 5    |      |              |

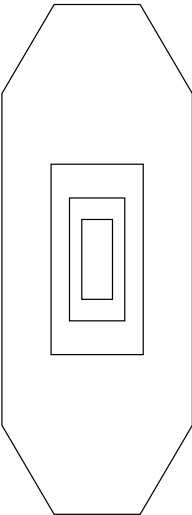
PERSONAL GROUPING/RANGE CARD

Date

Group Size



© 1989 *fLOPAX* Ref. PG/RC



| Shot | Blah | Observations |
|------|------|--------------|
| 1    |      |              |
| 2    |      |              |
| 3    |      |              |
| 4    |      |              |
| 5    |      |              |

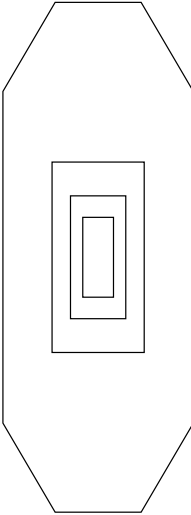
PERSONAL GROUPING/RANGE CARD

Date

Group Size



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| Shot | Blah | Observations |
|------|------|--------------|
| 1    |      |              |
| 2    |      |              |
| 3    |      |              |
| 4    |      |              |
| 5    |      |              |

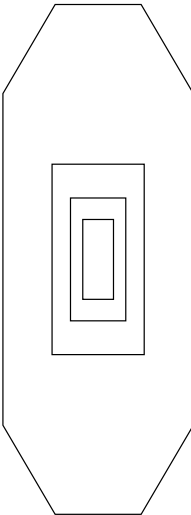
PERSONAL GROUPING/RANGE CARD

Date

Group Size

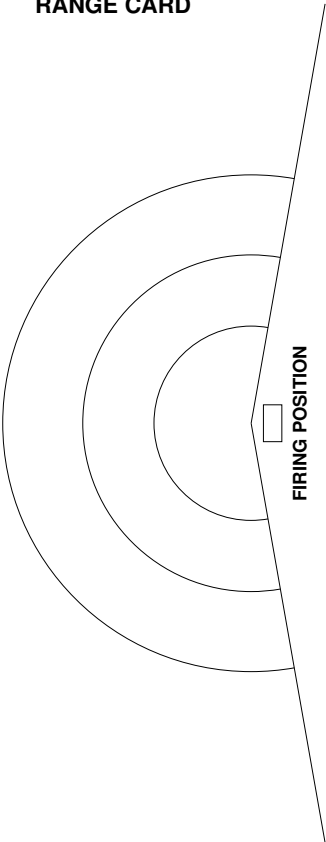


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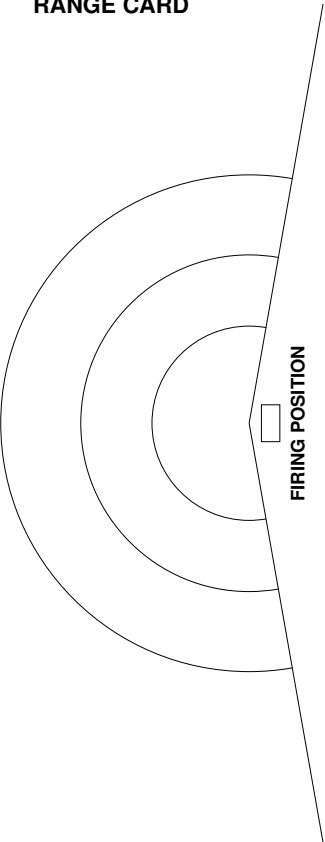


| Shot | Blah | Observations |
|------|------|--------------|
| 1    |      |              |
| 2    |      |              |
| 3    |      |              |
| 4    |      |              |
| 5    |      |              |

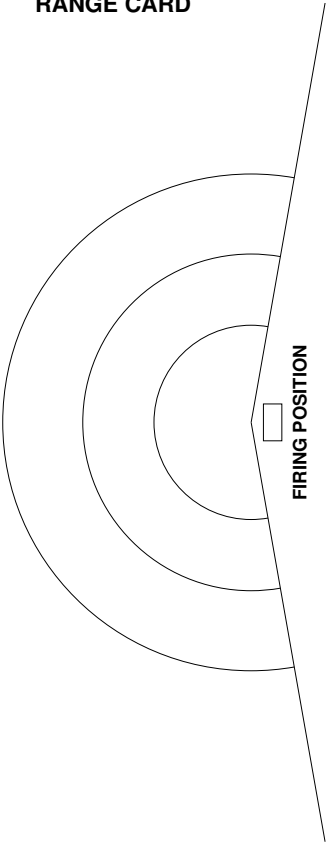
**RANGE CARD**



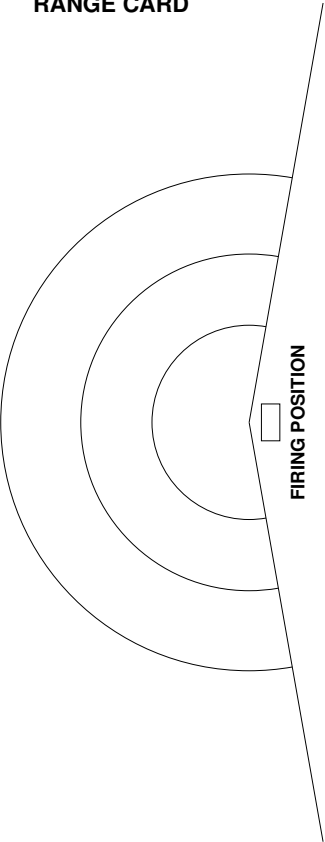
**RANGE CARD**



**RANGE CARD**



**RANGE CARD**





## Distances by Road in Continental Europe

(In miles from major gateway ports-shortest distances in bold)

| City       | Boulogne | Calais | Cherbourg  | Dieppe      | Le Havre    | Ostend      |
|------------|----------|--------|------------|-------------|-------------|-------------|
| Athens     | 1942     | 1927   | 2057       | 1906        | 1960        | <b>1876</b> |
| Barcelona  | 835      | 865    | <b>782</b> | 800         | 805         | 869         |
| Basle      | 487      | 480    | 532        | <b>429</b>  | 434         | 433         |
| Belgrade   | 1231     | 1216   | 1346       | 1195        | 1249        | <b>1165</b> |
| Berlin     | 598      | 574    | 820        | 648         | 705         | <b>523</b>  |
| Biarritz   | 622      | 653    | 515        | 527         | <b>514</b>  | 656         |
| Brindisi   | 1294     | 1315   | 1363       | <b>1260</b> | 1265        | 1290        |
| Brussels   | 146      | 122    | 359        | 195         | 244         | <b>71</b>   |
| Cologne    | 269      | 253    | 470        | 306         | 355         | 202         |
| Florence   | 860      | 881    | 929        | <b>826</b>  | 831         | 856         |
| Frankfurt  | 387      | 371    | 588        | 424         | 473         | <b>320</b>  |
| Geneva     | 475      | 506    | 543        | <b>440</b>  | 445         | 509         |
| Genoa      | 712      | 741    | 779        | <b>677</b>  | 682         | 750         |
| Hamburg    | 510      | 475    | 732        | 549         | 617         | <b>424</b>  |
| Innsbruck  | 702      | 684    | 768        | 665         | 670         | <b>633</b>  |
| Lisbon     | 1274     | 1305   | 1167       | 1179        | <b>1166</b> | 1308        |
| Luxembourg | 260      | 256    | 421        | 267         | 310         | <b>204</b>  |
| Lyon       | 438      | 469    | 506        | <b>403</b>  | 408         | 472         |
| Madrid     | 950      | 981    | 843        | 855         | <b>842</b>  | 984         |
| Marseilles | 633      | 664    | 701        | <b>598</b>  | 603         | 667         |
| Milan      | 673      | 700    | 742        | <b>639</b>  | 644         | 668         |
| Munich     | 630      | 614    | 744        | 593         | 647         | <b>563</b>  |
| Naples     | 1162     | 1184   | 1232       | <b>1129</b> | 1134        | 1159        |
| Nice       | 730      | 761    | 799        | <b>696</b>  | 701         | 764         |
| Paris      | 151      | 182    | 221        | <b>120</b>  | 125         | 196         |
| Prague     | 703      | 687    | 870        | 708         | 768         | <b>636</b>  |
| Rome       | 1032     | 1053   | 1101       | <b>998</b>  | 1003        | 1028        |
| Salzburg   | 716      | 700    | 830        | 679         | 733         | <b>649</b>  |
| Strasbourg | 392      | 387    | 522        | 371         | 425         | <b>336</b>  |
| Trieste    | 900      | 884    | 997        | 894         | 899         | <b>833</b>  |
| Turin      | 631      | 661    | 698        | 613         | <b>600</b>  | 666         |
| Venice     | 837      | 857    | 906        | <b>803</b>  | 808         | 832         |
| Vienna     | 835      | 820    | 995        | 837         | 896         | <b>769</b>  |

Note: Mileages are approximate. Actual routes should be checked before travelling.







Contagious Diseases and Vaccinations

|                                 | HIV                                                                                                               | Cholera                                                                              | Infectious Hepatitis                                                | Malaria                                       | Polio                                                                                        |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------|
| Risk Areas                      | Worldwide, but particularly in Central Africa, Europe and the Americas.                                           | Africa, Asia, Middle East, especially in unhygienic and poorly sanitised conditions. | Most parts of the world where hygiene and sanitation are prevalent. | Africa, Asia, Central and South America.      | Everywhere except Australia, Europe, New Zealand and North America.                          |
| Manner of Infection             | Sexual intercourse with an infected person, injections with infected needles or transfusions with infected blood. | Contaminated food or water.                                                          | Contact with an infected person or from contaminated food or water. | Bite from an infected mosquito.               | Direct contact with an infected person; rarely by contaminated food or water.                |
| Vaccination                     | None available                                                                                                    | Usually two injections by a doctor. Certificate is valid for 6 months.               | Seek advice from doctor.                                            | None, but anti-malarial tablets are available | 3 days of drops from doctor, 4-8 week apart. Reinforcing dose maybe necessary after 10 years |
| Vaccination Certificate Needed? | No                                                                                                                | Some countries may require evidence of vaccination within previous 6 months.         | No                                                                  | No                                            | No                                                                                           |

Contagious Diseases and Vaccinations

|                                 | HIV                                                                                                               | Cholera                                                                              | Infectious Hepatitis                                                | Malaria                                       | Polio                                                                                        |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------|
| Risk Areas                      | Worldwide, but particularly in Central Africa, Europe and the Americas.                                           | Africa, Asia, Middle East, especially in unhygienic and poorly sanitised conditions. | Most parts of the world where hygiene and sanitation are prevalent. | Africa, Asia, Central and South America.      | Everywhere except Australia, Europe, New Zealand and North America.                          |
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| Vaccination                     | None available                                                                                                    | Usually two injections by a doctor. Certificate is valid for 6 months.               | Seek advice from doctor.                                            | None, but anti-malarial tablets are available | 3 days of drops from doctor, 4-8 week apart. Reinforcing dose maybe necessary after 10 years |
| Vaccination Certificate Needed? | No                                                                                                                | Some countries may require evidence of vaccination within previous 6 months.         | No                                                                  | No                                            | No                                                                                           |

Contagious Diseases and Vaccinations

|                                 | HIV                                                                                                               | Cholera                                                                              | Infectious Hepatitis                                                | Malaria                                       | Polio                                                                                        |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------|
| Risk Areas                      | Worldwide, but particularly in Central Africa, Europe and the Americas.                                           | Africa, Asia, Middle East, especially in unhygienic and poorly sanitised conditions. | Most parts of the world where hygiene and sanitation are prevalent. | Africa, Asia, Central and South America.      | Everywhere except Australia, Europe, New Zealand and North America.                          |
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| Vaccination Certificate Needed? | No                                                                                                                | Some countries may require evidence of vaccination within previous 6 months.         | No                                                                  | No                                            | No                                                                                           |

Contagious Diseases and Vaccinations

|                                 | HIV                                                                                                               | Cholera                                                                              | Infectious Hepatitis                                                | Malaria                                       | Polio                                                                                        |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------|
| Risk Areas                      | Worldwide, but particularly in Central Africa, Europe and the Americas.                                           | Africa, Asia, Middle East, especially in unhygienic and poorly sanitised conditions. | Most parts of the world where hygiene and sanitation are prevalent. | Africa, Asia, Central and South America.      | Everywhere except Australia, Europe, New Zealand and North America.                          |
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| Vaccination                     | None available                                                                                                    | Usually two injections by a doctor. Certificate is valid for 6 months.               | Seek advice from doctor.                                            | None, but anti-malarial tablets are available | 3 days of drops from doctor, 4-8 week apart. Reinforcing dose maybe necessary after 10 years |
| Vaccination Certificate Needed? | No                                                                                                                | Some countries may require evidence of vaccination within previous 6 months.         | No                                                                  | No                                            | No                                                                                           |

Contagious Diseases and Vaccinations

|                                 | Rabies                                   | Tetanus                                                    | Tuberculosis                                                   | Typhoid                                                                                           | Yellow Fever                                                                      |
|---------------------------------|------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Risk Areas                      | Many parts of the world.                 | Places where medical facilities are not readily available. | Africa, Asia, Central and South America.                       | Everywhere except Australia, Europe, New Zealand and North America.                               | Africa and South America.                                                         |
| Manner of Infection             | Bite or scratch from an infected animal. | Open injury.                                               | Airborne from infectious person.                               | Contaminated food, milk or water.                                                                 | Bite from an infected mosquito.                                                   |
| Vaccination                     | Seek advice from doctor.                 | Seek advice from doctor.                                   | Skin tests and injection approximately 3 months before travel. | 2 injections from doctor, 4-6 weeks apart. Re-vaccination by 1 injection, usually after 3 months. | 1 injection at least 10 days before going abroad. Certificate valid for 10 years. |
| Vaccination Certificate Needed? | No                                       | No                                                         | No                                                             | No                                                                                                | Yes, countries for which yellow fever vaccination is essential                    |

Contagious Diseases and Vaccinations

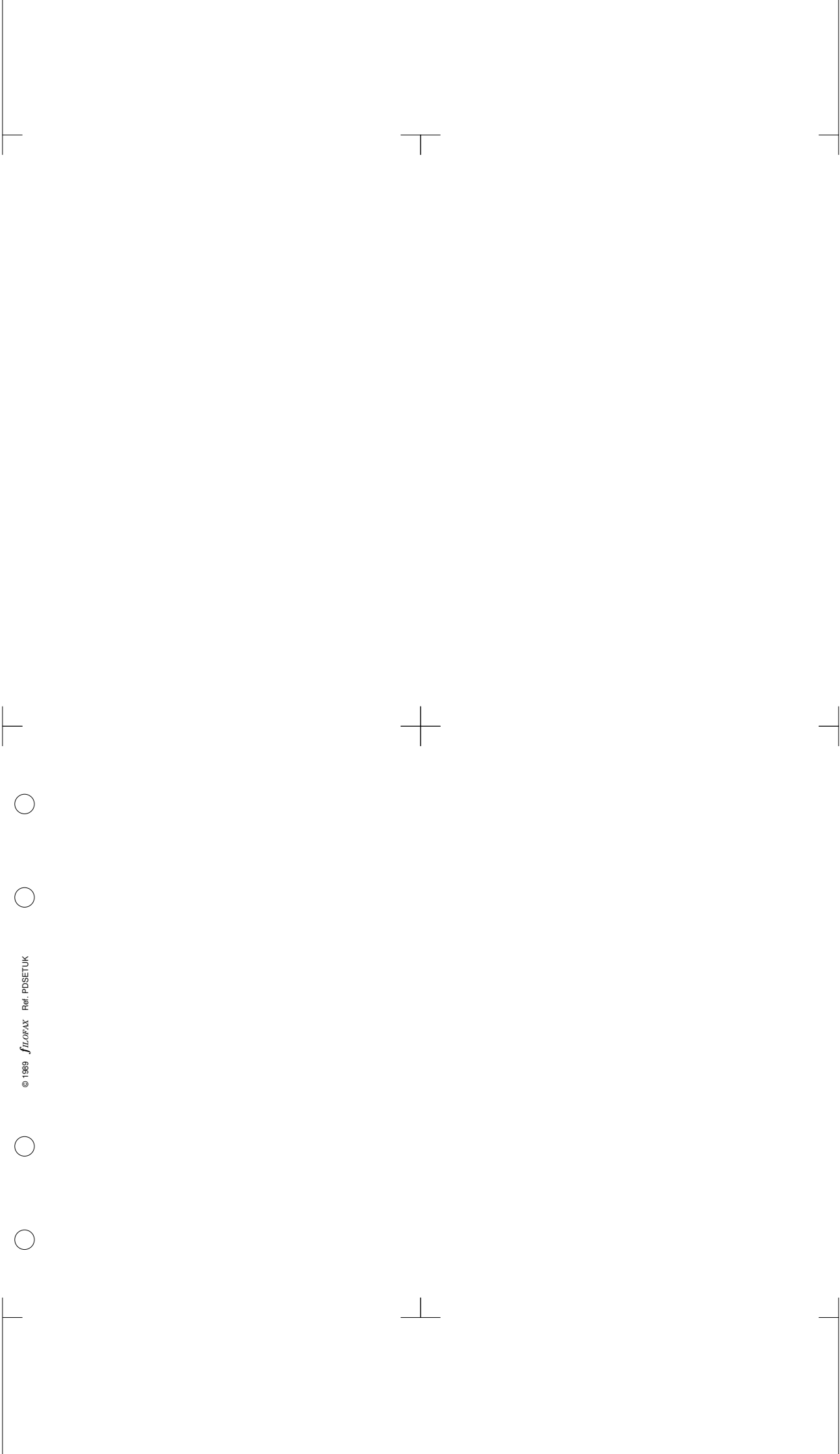
|                                 | Rabies                                   | Tetanus                                                    | Tuberculosis                                                   | Typhoid                                                                                           | Yellow Fever                                                                      |
|---------------------------------|------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Risk Areas                      | Many parts of the world.                 | Places where medical facilities are not readily available. | Africa, Asia, Central and South America.                       | Everywhere except Australia, Europe, New Zealand and North America.                               | Africa and South America.                                                         |
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| Vaccination                     | Seek advice from doctor.                 | Seek advice from doctor.                                   | Skin tests and injection approximately 3 months before travel. | 2 injections from doctor, 4-6 weeks apart. Re-vaccination by 1 injection, usually after 3 months. | 1 injection at least 10 days before going abroad. Certificate valid for 10 years. |
| Vaccination Certificate Needed? | No                                       | No                                                         | No                                                             | No                                                                                                | Yes, countries for which yellow fever vaccination is essential                    |

Contagious Diseases and Vaccinations

|                                 | Rabies                                   | Tetanus                                                    | Tuberculosis                                                   | Typhoid                                                                                           | Yellow Fever                                                                      |
|---------------------------------|------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Risk Areas                      | Many parts of the world.                 | Places where medical facilities are not readily available. | Africa, Asia, Central and South America.                       | Everywhere except Australia, Europe, New Zealand and North America.                               | Africa and South America.                                                         |
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| Vaccination                     | Seek advice from doctor.                 | Seek advice from doctor.                                   | Skin tests and injection approximately 3 months before travel. | 2 injections from doctor, 4-6 weeks apart. Re-vaccination by 1 injection, usually after 3 months. | 1 injection at least 10 days before going abroad. Certificate valid for 10 years. |
| Vaccination Certificate Needed? | No                                       | No                                                         | No                                                             | No                                                                                                | Yes, countries for which yellow fever vaccination is essential                    |

Contagious Diseases and Vaccinations

|                                 | Rabies                                   | Tetanus                                                    | Tuberculosis                                                   | Typhoid                                                                                           | Yellow Fever                                                                      |
|---------------------------------|------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Risk Areas                      | Many parts of the world.                 | Places where medical facilities are not readily available. | Africa, Asia, Central and South America.                       | Everywhere except Australia, Europe, New Zealand and North America.                               | Africa and South America.                                                         |
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| Vaccination Certificate Needed? | No                                       | No                                                         | No                                                             | No                                                                                                | Yes, countries for which yellow fever vaccination is essential                    |



### International Paper Sizes

| 'A' Series of Trimmed Paper Sizes |           |                     |
|-----------------------------------|-----------|---------------------|
|                                   | mm        | inches              |
| A0                                | 841x1189  | 33.11x46.81         |
| A1                                | 594x841   | 23.39x33.11         |
| A2                                | 420x594   | 16.54x23.39         |
| A3                                | 297x420   | 11.69x16.54         |
| A4                                | 210x297   | 8.27x11.69          |
| A5                                | 148x210   | 5.83x8.27           |
| A6                                | 105x148   | 4.13x5.83           |
| A7                                | 74x105    | 2.91x4.13           |
| A8                                | 52x74     | 2.06x2.91           |
| A9                                | 37x52     | 1.46x2.06           |
| A10                               | 26x37     | 1.03x1.46           |
| 'B' Series of Trimmed Paper Sizes |           |                     |
|                                   | mm        | inches              |
| B0                                | 1000x1414 | 39.97x55.67         |
| B1                                | 707x1000  | 27.83x39.97         |
| B2                                | 500x707   | 19.68x27.83         |
| B3                                | 353x500   | 13.90x19.68         |
| B4                                | 250x353   | 9.84x13.90          |
| B5                                | 176x250   | 6.93x9.84           |
| B6                                | 125x176   | 4.92x6.93           |
| B7                                | 88x125    | 3.46x4.92           |
| B8                                | 62x88     | 2.44x3.46           |
| B9                                | 44x62     | 1.73x2.44           |
| B10                               | 31x44     | 1.22x1.73           |
| Paper Measures                    |           |                     |
| Writing                           |           | Printing            |
| 24 sheets = 1 quire               |           | 516 sheets = 1 ream |
| 20 quires = 1 ream                |           | 2 reams = 1 bundle  |
|                                   |           | 5 bundles = 1 bale  |











Meetings Planner

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Meetings Planner

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Meetings Planner

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Meetings Planner

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## Meetings Planner

## Meetings Planner

## Meetings Planner

## Meetings Planner

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Agenda Planner

|                 |      |      |
|-----------------|------|------|
| Meeting         |      |      |
| Day             | Date | Time |
| Place           |      |      |
| Chairman        |      |      |
| Minutes         |      |      |
| To Attend       |      |      |
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| Proposed Agenda |      |      |
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Agenda Planner

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| Meeting         |      |      |
| Day             | Date | Time |
| Place           |      |      |
| Chairman        |      |      |
| Minutes         |      |      |
| To Attend       |      |      |
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| Proposed Agenda |      |      |
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Agenda Planner

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| Meeting         |      |      |
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| Place           |      |      |
| Chairman        |      |      |
| Minutes         |      |      |
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| Proposed Agenda |      |      |
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Agenda Planner

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| Meeting         |      |      |
| Day             | Date | Time |
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| Chairman        |      |      |
| Minutes         |      |      |
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| Proposed Agenda |      |      |
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## Telephone Calls Planner

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## Telephone Calls Planner

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## Letter Planner

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**Day Planner**

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| Day          |              | Date |  |
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**Day Planner**

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**Day Planner**

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**Day Planner**

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Weekly Time Planner

| Appointment          |      |          |
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Weekly Time Planner

| Appointment          |      |          |
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Weekly Time Planner

| Appointment          |      |          |
|----------------------|------|----------|
| Day                  | Time | Activity |
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| Other Committed Time |      |          |
| Day                  | Time | Activity |
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Weekly Time Planner

| Appointment          |      |          |
|----------------------|------|----------|
| Day                  | Time | Activity |
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| Other Committed Time |      |          |
| Day                  | Time | Activity |
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**Weekly Time Planner**

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| Key Objectives    |
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| Social Objectives |
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**Weekly Time Planner**

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**Weekly Time Planner**

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**Weekly Time Planner**

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Monthly Time Planner

|                      |      |          |
|----------------------|------|----------|
| Month                |      | Year     |
| Key Events           |      |          |
| Day                  | Time | Activity |
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| Other Committed Time |      |          |
| Day                  | Time | Activity |
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Monthly Time Planner

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| Month                |      | Year     |
| Key Events           |      |          |
| Day                  | Time | Activity |
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| Other Committed Time |      |          |
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Monthly Time Planner

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| Month                |      | Year     |
| Key Events           |      |          |
| Day                  | Time | Activity |
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| Other Committed Time |      |          |
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Monthly Time Planner

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| Month                |      | Year     |
| Key Events           |      |          |
| Day                  | Time | Activity |
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| Other Committed Time |      |          |
| Day                  | Time | Activity |
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Monthly Time Planner

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Monthly Time Planner

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Monthly Time Planner

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Monthly Time Planner

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### Visit Planner

|                         |  |      |
|-------------------------|--|------|
| Day                     |  | Date |
| To Visit                |  |      |
| Time                    |  |      |
| Planned Length of Visit |  |      |
| Present                 |  |      |
|                         |  |      |
|                         |  |      |
|                         |  |      |
| Purpose/Agenda          |  | ✓    |
|                         |  |      |
|                         |  |      |
|                         |  |      |
|                         |  |      |
| Things to Take          |  |      |
|                         |  |      |
|                         |  |      |
|                         |  |      |
| Action Points           |  |      |
|                         |  |      |
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### Visit Planner

|                         |  |      |
|-------------------------|--|------|
| Day                     |  | Date |
| To Visit                |  |      |
| Time                    |  |      |
| Planned Length of Visit |  |      |
| Present                 |  |      |
|                         |  |      |
|                         |  |      |
|                         |  |      |
| Purpose/Agenda          |  | ✓    |
|                         |  |      |
|                         |  |      |
|                         |  |      |
|                         |  |      |
| Things to Take          |  |      |
|                         |  |      |
|                         |  |      |
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| Action Points           |  |      |
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### Visit Planner

|                         |  |      |
|-------------------------|--|------|
| Day                     |  | Date |
| To Visit                |  |      |
| Time                    |  |      |
| Planned Length of Visit |  |      |
| Present                 |  |      |
|                         |  |      |
|                         |  |      |
|                         |  |      |
| Purpose/Agenda          |  | ✓    |
|                         |  |      |
|                         |  |      |
|                         |  |      |
|                         |  |      |
| Things to Take          |  |      |
|                         |  |      |
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| Action Points           |  |      |
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### Visit Planner

|                         |  |      |
|-------------------------|--|------|
| Day                     |  | Date |
| To Visit                |  |      |
| Time                    |  |      |
| Planned Length of Visit |  |      |
| Present                 |  |      |
|                         |  |      |
|                         |  |      |
|                         |  |      |
| Purpose/Agenda          |  | ✓    |
|                         |  |      |
|                         |  |      |
|                         |  |      |
|                         |  |      |
| Things to Take          |  |      |
|                         |  |      |
|                         |  |      |
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| Action Points           |  |      |
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## Visit Planner

[illegible]

## Visit Planner

[illegible]

Travel Planner

|                       |  |       |  |           |  |  |  |
|-----------------------|--|-------|--|-----------|--|--|--|
| Depart                |  |       |  | Return    |  |  |  |
| Accommodation         |  |       |  |           |  |  |  |
| Address               |  |       |  |           |  |  |  |
|                       |  |       |  |           |  |  |  |
|                       |  |       |  |           |  |  |  |
| Phone                 |  | Telex |  | Fax       |  |  |  |
| Goals                 |  |       |  |           |  |  |  |
|                       |  |       |  |           |  |  |  |
|                       |  |       |  |           |  |  |  |
| Passport Requirements |  |       |  |           |  |  |  |
| Visa Requirements     |  |       |  |           |  |  |  |
| Injections Needed     |  |       |  |           |  |  |  |
| Insurance             |  |       |  |           |  |  |  |
| Travel Agent          |  |       |  |           |  |  |  |
| Contact               |  |       |  |           |  |  |  |
| Address               |  |       |  |           |  |  |  |
|                       |  |       |  |           |  |  |  |
| Phone                 |  | Telex |  | Fax       |  |  |  |
| Booking Made          |  |       |  | Confirmed |  |  |  |
| Booking Ref.          |  |       |  |           |  |  |  |
| Departure             |  |       |  | Arrival   |  |  |  |
| No.                   |  |       |  | No.       |  |  |  |
| Time                  |  |       |  | Time      |  |  |  |
| Place                 |  |       |  | Place     |  |  |  |
| Departure             |  |       |  | Arrival   |  |  |  |
| No.                   |  |       |  | No.       |  |  |  |
| Time                  |  |       |  | Time      |  |  |  |
| Place                 |  |       |  | Place     |  |  |  |

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Travel Planner

|                       |  |       |  |           |  |  |  |
|-----------------------|--|-------|--|-----------|--|--|--|
| Depart                |  |       |  | Return    |  |  |  |
| Accommodation         |  |       |  |           |  |  |  |
| Address               |  |       |  |           |  |  |  |
|                       |  |       |  |           |  |  |  |
|                       |  |       |  |           |  |  |  |
| Phone                 |  | Telex |  | Fax       |  |  |  |
| Goals                 |  |       |  |           |  |  |  |
|                       |  |       |  |           |  |  |  |
|                       |  |       |  |           |  |  |  |
| Passport Requirements |  |       |  |           |  |  |  |
| Visa Requirements     |  |       |  |           |  |  |  |
| Injections Needed     |  |       |  |           |  |  |  |
| Insurance             |  |       |  |           |  |  |  |
| Travel Agent          |  |       |  |           |  |  |  |
| Contact               |  |       |  |           |  |  |  |
| Address               |  |       |  |           |  |  |  |
|                       |  |       |  |           |  |  |  |
| Phone                 |  | Telex |  | Fax       |  |  |  |
| Booking Made          |  |       |  | Confirmed |  |  |  |
| Booking Ref.          |  |       |  |           |  |  |  |
| Departure             |  |       |  | Arrival   |  |  |  |
| No.                   |  |       |  | No.       |  |  |  |
| Time                  |  |       |  | Time      |  |  |  |
| Place                 |  |       |  | Place     |  |  |  |
| Departure             |  |       |  | Arrival   |  |  |  |
| No.                   |  |       |  | No.       |  |  |  |
| Time                  |  |       |  | Time      |  |  |  |
| Place                 |  |       |  | Place     |  |  |  |

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Travel Planner

|                       |  |       |  |           |  |  |  |
|-----------------------|--|-------|--|-----------|--|--|--|
| Depart                |  |       |  | Return    |  |  |  |
| Accommodation         |  |       |  |           |  |  |  |
| Address               |  |       |  |           |  |  |  |
|                       |  |       |  |           |  |  |  |
|                       |  |       |  |           |  |  |  |
| Phone                 |  | Telex |  | Fax       |  |  |  |
| Goals                 |  |       |  |           |  |  |  |
|                       |  |       |  |           |  |  |  |
|                       |  |       |  |           |  |  |  |
| Passport Requirements |  |       |  |           |  |  |  |
| Visa Requirements     |  |       |  |           |  |  |  |
| Injections Needed     |  |       |  |           |  |  |  |
| Insurance             |  |       |  |           |  |  |  |
| Travel Agent          |  |       |  |           |  |  |  |
| Contact               |  |       |  |           |  |  |  |
| Address               |  |       |  |           |  |  |  |
|                       |  |       |  |           |  |  |  |
| Phone                 |  | Telex |  | Fax       |  |  |  |
| Booking Made          |  |       |  | Confirmed |  |  |  |
| Booking Ref.          |  |       |  |           |  |  |  |
| Departure             |  |       |  | Arrival   |  |  |  |
| No.                   |  |       |  | No.       |  |  |  |
| Time                  |  |       |  | Time      |  |  |  |
| Place                 |  |       |  | Place     |  |  |  |
| Departure             |  |       |  | Arrival   |  |  |  |
| No.                   |  |       |  | No.       |  |  |  |
| Time                  |  |       |  | Time      |  |  |  |
| Place                 |  |       |  | Place     |  |  |  |

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Travel Planner

|                       |  |       |  |           |  |  |  |
|-----------------------|--|-------|--|-----------|--|--|--|
| Depart                |  |       |  | Return    |  |  |  |
| Accommodation         |  |       |  |           |  |  |  |
| Address               |  |       |  |           |  |  |  |
|                       |  |       |  |           |  |  |  |
|                       |  |       |  |           |  |  |  |
| Phone                 |  | Telex |  | Fax       |  |  |  |
| Goals                 |  |       |  |           |  |  |  |
|                       |  |       |  |           |  |  |  |
|                       |  |       |  |           |  |  |  |
| Passport Requirements |  |       |  |           |  |  |  |
| Visa Requirements     |  |       |  |           |  |  |  |
| Injections Needed     |  |       |  |           |  |  |  |
| Insurance             |  |       |  |           |  |  |  |
| Travel Agent          |  |       |  |           |  |  |  |
| Contact               |  |       |  |           |  |  |  |
| Address               |  |       |  |           |  |  |  |
|                       |  |       |  |           |  |  |  |
| Phone                 |  | Telex |  | Fax       |  |  |  |
| Booking Made          |  |       |  | Confirmed |  |  |  |
| Booking Ref.          |  |       |  |           |  |  |  |
| Departure             |  |       |  | Arrival   |  |  |  |
| No.                   |  |       |  | No.       |  |  |  |
| Time                  |  |       |  | Time      |  |  |  |
| Place                 |  |       |  | Place     |  |  |  |
| Departure             |  |       |  | Arrival   |  |  |  |
| No.                   |  |       |  | No.       |  |  |  |
| Time                  |  |       |  | Time      |  |  |  |
| Place                 |  |       |  | Place     |  |  |  |

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**Travel Planner**

|              |       |     |   |
|--------------|-------|-----|---|
|              |       |     |   |
| Car Hire     |       |     |   |
| Contact      |       |     |   |
| Address      |       |     |   |
|              |       |     |   |
|              |       |     |   |
| Phone        | Telex | Fax |   |
| Don't Forget |       |     | ✓ |
|              |       |     |   |
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|              |       |     |   |
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| To Buy       |       |     |   |
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| Notes        |       |     |   |
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**Travel Planner**

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|--------------|-------|-----|---|
|              |       |     |   |
| Car Hire     |       |     |   |
| Contact      |       |     |   |
| Address      |       |     |   |
|              |       |     |   |
|              |       |     |   |
| Phone        | Telex | Fax |   |
| Don't Forget |       |     | ✓ |
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| To Buy       |       |     |   |
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| Notes        |       |     |   |
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**Travel Planner**

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|              |       |     |   |
| Car Hire     |       |     |   |
| Contact      |       |     |   |
| Address      |       |     |   |
|              |       |     |   |
|              |       |     |   |
| Phone        | Telex | Fax |   |
| Don't Forget |       |     | ✓ |
|              |       |     |   |
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| To Buy       |       |     |   |
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| Notes        |       |     |   |
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**Travel Planner**

|              |       |     |   |
|--------------|-------|-----|---|
|              |       |     |   |
| Car Hire     |       |     |   |
| Contact      |       |     |   |
| Address      |       |     |   |
|              |       |     |   |
|              |       |     |   |
| Phone        | Telex | Fax |   |
| Don't Forget |       |     | ✓ |
|              |       |     |   |
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| To Buy       |       |     |   |
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| Notes        |       |     |   |
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|              |       |     |   |

Structured Time Log

| Day   |          | Date |
|-------|----------|------|
| Time  | Activity |      |
| 08:00 |          |      |
| 08:15 |          |      |
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Structured Time Log

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## Flexible Time Log

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### Flexible Time Log

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## Flexible Time Log

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[illegible]©1989 *fiLOFAX* Ref. P281

## Delegation Brief

[illegible]

## Delegation Brief

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## Delegation Brief

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## Delegation Brief

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## Messages

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## Messages

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## Messages

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## Messages

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## Messages

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## Messages

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## Messages

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## Messages

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## TV and Video Planner

[illegible]

## TV and Video Planner

[illegible]





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Exercise Log/Bookings Planner

|                   |      |           |
|-------------------|------|-----------|
|                   |      |           |
| Day               | Date | Time      |
| Activity          |      |           |
| Venue             |      |           |
|                   |      |           |
|                   |      |           |
| Telephone No.     |      |           |
| Arrangements Made |      | Confirmed |
| Notes             |      |           |
|                   |      |           |
| Day               | Date | Time      |
| Activity          |      |           |
| Venue             |      |           |
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|                   |      |           |
| Telephone No.     |      |           |
| Arrangements Made |      | Confirmed |
| Notes             |      |           |
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| Day               | Date | Time      |
| Activity          |      |           |
| Venue             |      |           |
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| Telephone No.     |      |           |
| Arrangements Made |      | Confirmed |
| Notes             |      |           |
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Exercise Log/Bookings Planner

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|                   |      |           |
| Day               | Date | Time      |
| Activity          |      |           |
| Venue             |      |           |
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| Telephone No.     |      |           |
| Arrangements Made |      | Confirmed |
| Notes             |      |           |
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| Day               | Date | Time      |
| Activity          |      |           |
| Venue             |      |           |
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| Telephone No.     |      |           |
| Arrangements Made |      | Confirmed |
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| Day               | Date | Time      |
| Activity          |      |           |
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| Telephone No.     |      |           |
| Arrangements Made |      | Confirmed |
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Exercise Log/Bookings Planner

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Exercise Log/Bookings Planner

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**Social Activity Planner**

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| Day               | Date | Time      |
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**Social Activity Planner**

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**Social Activity Planner**

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**Social Activity Planner**

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## Weekly Meals Planner

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## Weekly Meals Planner

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## Budget Planner

| Outgoings               |                       | Outgoings                 |  | Outgoings |  |
|-------------------------|-----------------------|---------------------------|--|-----------|--|
| Animals/Pets            | Insurance             | TV/Video                  |  |           |  |
| Food                    | Building              | Rental                    |  |           |  |
| Veterinary              | Household Contents    | Licence                   |  |           |  |
| Other                   | Life Assurance        | Other                     |  |           |  |
| Sub Total               | Mortgage Protection   | Sub Total                 |  |           |  |
| Family                  | Pension Contributions | Utilities                 |  |           |  |
| Childcare               | Personal              | Coal                      |  |           |  |
| Clothes                 | Other                 | Electricity               |  |           |  |
| Entertainment           | Sub Total             | Gas                       |  |           |  |
| Holidays                | Loans                 | Oil                       |  |           |  |
| Maintenance Payments    | Credit Cards          | Other                     |  |           |  |
| Medical/Dental          | H.P.                  | Sub Total                 |  |           |  |
| Pocket Money            | Personal Loans        | Total Animals/Pets        |  |           |  |
| Presents                | Overdraft             | Total Family              |  |           |  |
| School/College Fees     | Rental                | Total Household           |  |           |  |
| Other                   | Sub Total             | Total Insurance           |  |           |  |
| Sub Total               | Savings/Investments   | Total Loans               |  |           |  |
| Household               | Transport             | Total Savings/Investments |  |           |  |
| Decorating/Furnishing   | M.O.T.                | Total Transport           |  |           |  |
| Food                    | Petrol                | Total TV/Video            |  |           |  |
| Garden                  | Insurance             | Total Utilities           |  |           |  |
| House Cleaning          | Repairs/Services      | Grand Total               |  |           |  |
| Household Items         | Tax                   |                           |  |           |  |
| Laundry/Dry Cleaning    | Telephone             |                           |  |           |  |
| Mortgage/Rent           | Season ticket/Tickets |                           |  |           |  |
| Newspapers/Magazines    | Other                 |                           |  |           |  |
| Telephone               | Sub Total             |                           |  |           |  |
| Rates (General & Water) |                       |                           |  |           |  |
| Sub Total               |                       |                           |  |           |  |

