

ATTENDEE CONTACT TRACING FORM



Name: _____

Date: _____

Phone #: _____

Event Attending: _____

Email: _____

Grade: _____

Address: _____

Team Name: _____

BY SIGNING BELOW, I AM CERTIFYING ALL INFORMATION ON THIS FORM TO BE ACCURATE TO THE BEST OF MY KNOWLEDGE:

Attendee Signature: _____

If you are experiencing symptoms related to Covid-19 we ask you to; reconsider your attendance to your scheduled event, distance yourself from other attendees and facility employees, seek proper medical attention, and visit our facility again once cleared by a medical provider or you are symptom free for 48hrs.



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