Date: Start and End Times:\_\_\_\_\_\_\_\_\_\_

Location:

Person in charge of event:

**Attendees must be well and not in contact with anyone sick or testing positive in past 2 weeks.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Temp** | **Name of Person Attending** | **Phone** | **Address** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |
| 9. |  |  |  |  |
| 10. |  |  |  |  |

Note if there were any breaches of health and safety protocol.