|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  | | --- | | **COVID-19 CONTACT TRACING FORM** | | | | | CV19# |
| |  | | --- | | Home - Timaru District Council | | | | | |
| **PLAYERS AND VISITORS PLEASE SIGN IN TO HELP US WITH CONTACT TRACING.** | | | | |
| For Private Coaching: Parents/guardians accompanying players will also need to sign in. | | | | |
| **Court-card/Casual Booking No.** | | **DATE** | **TIME** | **COURT NUMBERS** |
|  | |  |  |  |
| **CARD HOLDER/CASUAL PLAYER NAME** | | **MOBILE NUMBER** | **EMAIL ADDRESS** | |
|  | |  |  | |
|  |  |  |  |  |
| **No.** | **PLAYERS/VISITORS NAME** | **MOBILE NUMBER** | **EMAIL ADDRESS** | |
| 1 |  |  |  | |
| 2 |  |  |  | |
| 3 |  |  |  | |
| 4 |  |  |  | |
| 5 |  |  |  | |
| 6 |  |  |  | |
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| 10 |  |  |  | |

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| This certifies that the above information are true and accurate records. | | | | |
|  |  |  |  |  |
| Card Holder Signature: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | |  | |