



Contact Tracing Sign-In Sheet

Program Information	
Location: Centennial RC East	Date (yyyy-mm-dd):
Time:	Duration of Program:
Type of Program:	

Participant Information					
(Collect First Names ONLY and a Phone Number and/or Email Address. All participants in the group must respond no to all of the questions in order to be admitted into the pool area.)					

	First Name	Telephone Number	Email Address	Group Total (Indicate number of participants included in this group, Family members ONLY)	Yes or no to questions on signage
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Participant Information

(Collect First Names ONLY and a Phone Number and/or Email Address. All participants in the group must respond no to all of the questions in order to be admitted into the pool area.)

	First Name	Telephone Number	Email Address	Group Total (Indicate number of participants included in this group, Family members ONLY)	Yes or no to questions on signage
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					