

# GH&RA COVID Attendee Form 2020



EVENT DATES - \_\_\_ / \_\_\_ / \_\_\_ TO \_\_\_ / \_\_\_ / \_\_\_

EVENT NAME - \_\_\_\_\_

***Please print clearly and complete all sections***

PO Box 273  
Gympie QLD 4570

Adult Name: \_\_\_\_\_

Adult Name: \_\_\_\_\_

Adult Name: \_\_\_\_\_

Child Name: \_\_\_\_\_

Child Name: \_\_\_\_\_

Child Name: \_\_\_\_\_

Child Name: \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

If you are not feeling well or have a cough, sore throat, fever or fatigue, please stay home.

If you have travelled from overseas or a Covid-19 hotspot in the last 14 days, please do not attend.

If you have been in close contact with a person who is positive for Covid -19 or you are an active Covid case, do not attend.