

CONTACT TRACING REGISTRY

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Date:	Facility Name (location):
Start Time of Session:	End Time of Session:
Team Name:	Division:
Team Liaison:	Phone #:

#	PLAYER/COACH NAME (FIRST, LAST)	CONTACT NUMBER	PRESENT AT TEAM SANCTIONED ACTIVITY
1.			<input type="checkbox"/> YES <input type="checkbox"/> NO
2.			<input type="checkbox"/> YES <input type="checkbox"/> NO
3.			<input type="checkbox"/> YES <input type="checkbox"/> NO
4.			<input type="checkbox"/> YES <input type="checkbox"/> NO
5.			<input type="checkbox"/> YES <input type="checkbox"/> NO
6.			<input type="checkbox"/> YES <input type="checkbox"/> NO
7.			<input type="checkbox"/> YES <input type="checkbox"/> NO
8.			<input type="checkbox"/> YES <input type="checkbox"/> NO
9.			<input type="checkbox"/> YES <input type="checkbox"/> NO
10.			<input type="checkbox"/> YES <input type="checkbox"/> NO
11.			<input type="checkbox"/> YES <input type="checkbox"/> NO
12.			<input type="checkbox"/> YES <input type="checkbox"/> NO
13.			<input type="checkbox"/> YES <input type="checkbox"/> NO
14.			<input type="checkbox"/> YES <input type="checkbox"/> NO
15.			<input type="checkbox"/> YES <input type="checkbox"/> NO
16.			<input type="checkbox"/> YES <input type="checkbox"/> NO
17.			<input type="checkbox"/> YES <input type="checkbox"/> NO
18.			<input type="checkbox"/> YES <input type="checkbox"/> NO
19.			<input type="checkbox"/> YES <input type="checkbox"/> NO
20.			<input type="checkbox"/> YES <input type="checkbox"/> NO
21.			<input type="checkbox"/> YES <input type="checkbox"/> NO
22.			<input type="checkbox"/> YES <input type="checkbox"/> NO
23.			<input type="checkbox"/> YES <input type="checkbox"/> NO
24.			<input type="checkbox"/> YES <input type="checkbox"/> NO
25.			<input type="checkbox"/> YES <input type="checkbox"/> NO