Slave Lake Minor Hockey Association

Attendance Sign-up Sheet

(this information will only be shared with AHS for contact tracing purposes if requested)

DATE:_____________________________________ **Time:**____________________________

Team Name:_________________________________ **Division:**____________________________

Event Type: Practice Game or Other:________________________________

(If it is a game please) **Opposing Teams Name:**______________________________________

Name(s):	Phone Number:	Name(s):	Phone Number: