# Attendance Register – Wagga Touch Association

Prepared by

**Author name**  
*Position*Division

XX Month 2018

### Register of attendees (please email completed sheets to contact@waggatouch.com.au)

**Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Arrival time | Departure time | Full name | Phone | Email address | Club | Role | In the previous 14 days, have you:   * Had any COVID-19 symptoms? * Been in contact with any confirmed/suspected COVID-19 case? * Travelled internationally? | Downloaded and using COVIDSafe app? |
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