WOMEN IN SUPER Mother's Day Classic

GET ACTIVE FOR BREAST CANCER RESEARCH

MOTHER'S DAY CLASSIC LOCAL 2021

Contacts Log Coronavirus (COVID-19) Contact Tracing Register

Date: _____

Location/Venue: State _____ Location _____

Sheet No: _____

FIRST NAME	LAST NAME	EMAIL	PHONE	ARRIVAL TIME

Why you are being asked to provide contact details? The name and telephone number is being collected for the purpose of contact tracing in the event of a suspected coronavirus (COVID-19) case at this location. All details will be recorded and kept as required by law. Your information will not be released to the public or shared with any third party except the relevant Health Department, who will use it to contact people who may have been exposed to coronavirus (COVID-19). Please also consider downloading the state-based COVIDSafe app to help us protect you, your friends and family. Additional information should not be collected for privacy reasons.