

**CURL CURL SPORTS NETBALL CLUB
2021 GALA DAY TEAM PARTICIPANTS VACCINATION VERIFICATION FORM**



TEAM NAME		GALA DAY ATTENDING DATE:		
TEAM PERSONNEL AND SPECTATORS: (OVER 16 YEARS)	NAME	MOBILE NO:	FULLY VACCINATED Y/N	COPY ATTACHED (TICK)
COACH				
MANAGER				
COVID SAFETY OFFICER:				
SPECTATOR 1				
SPECTATOR 2				
SPECTATOR 3				
SPECTATOR 4				
SPECTATOR 5				
SPECTATOR 6				
SPECTATOR 7				

I, declare that all team participants that will attend on the day specified will be fully vaccinated and have a copy of their vaccination with them for checking. I have taken reasonable steps to check that attendees are fully vaccinated.

SIGNED DATE