

CAIRNS ARENA CONTACT TRACING FORM

Date: _____

First Name: _____ Last Name: _____

Best Contact Number: _____

Street Address

City/Town

STATE

Temperature Recorded by Rink Personnel _____

Parent (Only needed if entering rink to help child with gear/skates):

First Name: _____ Last Name: _____

Temperature Recorded by Rink Personnel _____

CAIRNS ARENA CONTACT TRACING FORM

Date: _____

First Name: _____ Last Name: _____

Best Contact Number: _____

Street Address

City/Town

STATE

Temperature Recorded by Rink Personnel _____

Parent (Only needed if entering rink to help child with gear/skates):

First Name: _____ Last Name: _____

Temperature Recorded by Rink Personnel _____