

Welcome Back !



Date:
Your Lane Number is:

GUEST CHECK-IN & CONTACT TRACING FORM

The safety of our customers and staff is our top priority. We therefore ask that every customer group complete one of these forms. Information gathered will ONLY be shared with health officials if required.

Please answer the following by circling your yes/no response:

1	Is anyone in your group experiencing Covid-19 symptoms?	YES	NO
2	Has anyone in your group come in contact with a known case of COVID-19?	YES	NO
3	Has anyone in your group travelled outside of the province in the last 14 days?	YES	NO

NOTE: If you've answered YES to ANY of these three questions, for the safety of our customers and our community we cannot permit access to your group at this time. We hope you will join us again when it is safe to do so.

If you've answered NO to all questions, please have ONE MEMBER OF THE GROUP complete the following:

	Names of people in your group	Shoe size
1		
2		
3		
4		
5		
6		

Please provide the contact info for a lead member of your group to assist Health Agencies with contact tracing if required. Info will not be shared otherwise.;	
Name	
Email	
Phone #	



