COVID-19 Event Tracking Form									Samuel Sa	
	OLIVER Arena / OSOYOOS Sunbowl Arena (Please highlight or circle)									SOUTH
Event of	date:		Event time:							- UN Mor Hobbe
	Player (Full	name requir	ed)			Contact i	nfo phon	ne or email:		Covid Screening Complete (Yes or No)
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	Coaches / E (Full name r		unteer	'S		Contact i	nfo phon	ne or email:		Covid Screening Complete (Yes or No)
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22										
23										