Attendance Register

Register of attendees

| Church: | Location: | Date: |
|---------|-----------|-------|
| | | |

| Arrival time | Departure time | Full name | Phone | Email address | Address | In the previous 14 days, have you: Had any COVID-19 symptoms? Been in contact with any confirmed/suspected COVID-19 case? Travelled internationally? | Downloaded and using COVIDSafe app? |
|-----------------|-------------------|-----------|-------|---------------|---------|---|--|
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