OGHA Contact Tracking Sheet

Date of Activity: _____ Lead Person: _____

Start & End Time: _____ Location: _____

NAME OF PERSON IN ATTENDANCE	Role (e.g. Player, Staff, Parent)	Contact Number	Email	Screening Status Pass/Not Pass *If not pass, sent home

NAME OF PERSON IN ATTENDANCE	Role (e.g. Player, Staff, Parent)	Contact Number	Email	Screening Status Pass/Not Pass *If not pass, sent home