



Batemans Bay Sailing Club – Attendance Register

Boat name: _____ Race: _____ Date: _____

Full name	Phone	Email address	In the past 14 days, have you: <ul style="list-style-type: none"> • Had any COVID-19 symptoms? • Been in contact with any confirmed/suspected COVID-19 case? • Travelled beyond Eurobodalla? 	In emergency contact
Boat owner/skipper:				
Crew 1				
Crew 2				
Crew 3				
Crew 4				
Crew 5				
Crew 6				
Crew 7				