



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.

	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 #	