

LETS ALL DO THE RIGHT THING SO WE CAN ALL ENJOY A DAY OUT TOGETHER

CONTACT TRACING REQUIREMENTS PLEASE REGISTER YOUR DETAILS

Date: Saturday, November 14 **Time:** : :

Name: _____

Number of dependents: _____

Contact information:

Phone: _____

Email: _____

Health Declaration:

Have you any COVID-19 symptoms? **YES** **NO**

Have you travelled recently to Victoria, Overseas or
Covid hotspots? **YES** **NO**

Have recently been in contact with any known cases
of Covid-19? **YES** **NO**

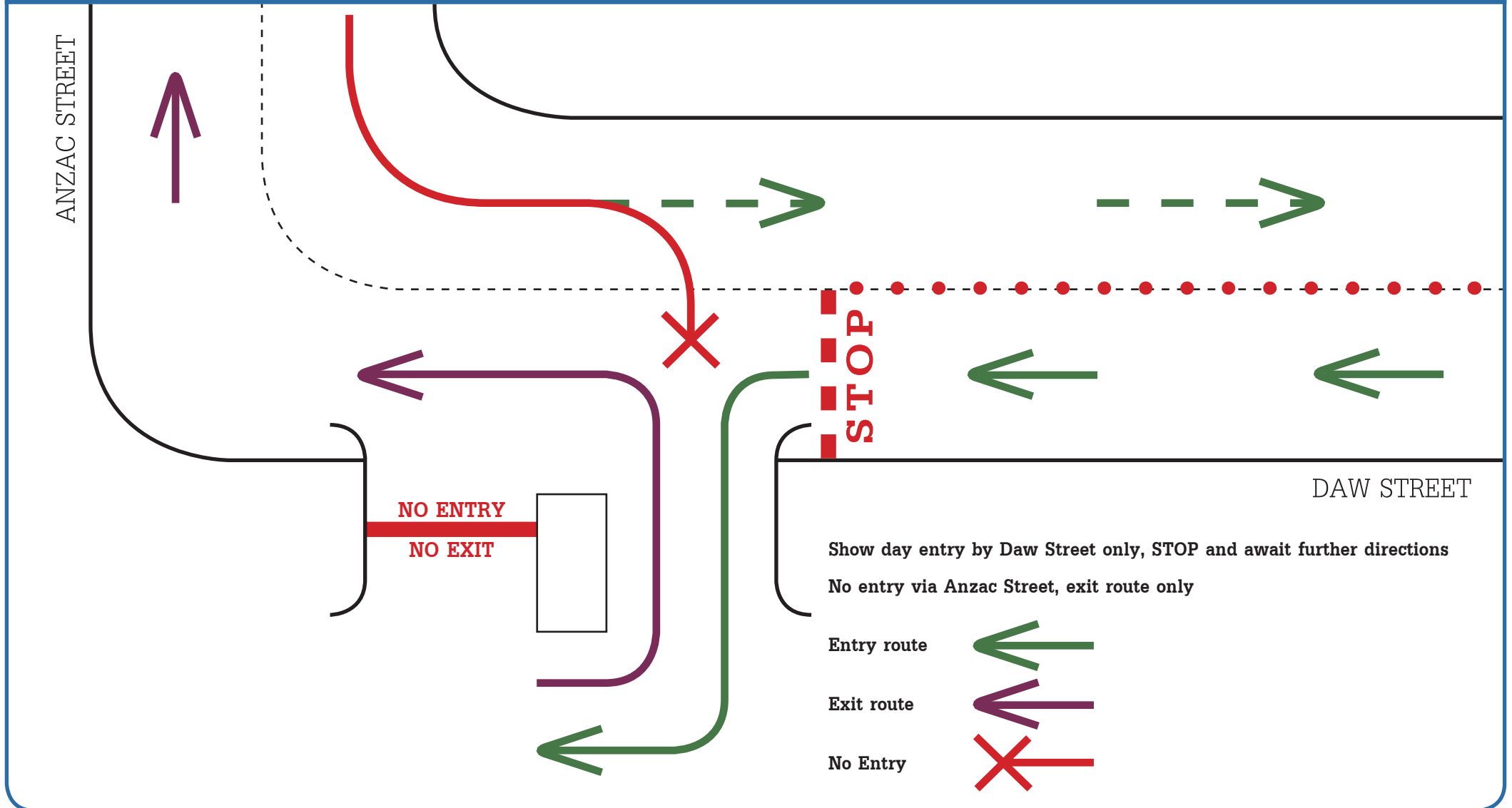


Parndana A, H & F Show Society INC.

A: P.O Box 139, Parndana, SA, 5220 E: parndanashow@gmail.com

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GATE OPERATION PROCEDURE



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PAVILION OPERATION PROCEDURE

