**COVID-19 – MATCH DAY TRACK AND TRACE**

**Form to be completed in Block Capitals**

**Date & Time - Opposition Team Name -**

**HTYFC Team Name - Coach Name & Mobile no. –**

**HTYFC Coach Name & Mobile no. –**

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| **FULL NAME OF PARENTS / GUARDIANS AND ANY CHILDREN PRESENT** | **CONTACT**  **NUMBER** |
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