**EVENT ATTENDEE REGISTER**

As part of the agreement for use of municipal facilities for an event, the organizer (listed below) must agree to collect attendee contact information.

By [Order of the Provincial Health Officer, July 27, 2020](https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-order-gatherings-events.pdf), Organizers of permitted Gatherings and Events are required to collect the contact information of all persons who attend their event. Where the Event Organizer is not the owner of the Gathering and Event site, **the Organizer must provide event attendee information to the City of White Rock** to be retained for thirty days in case there is a need for contact tracing, in which case the information must be provided to the regional medical health officer.

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| **Event / Gathering Date:** |  |
| **Location:** | Centennial Arena |

The Organizer is to inform all persons attending the event that they must list their contact information on this Event Attendee Register, and that their personal information is being collected and provided to the **City of White Rock** where it will be retained for a period of 30 days and may be provided to the medical health officer for contact tracing purposes. The information collected will be used for no other purpose.

| **Event Attendee**  **First and Last Name** | **Phone Number** | **Email** | **Attendee is not experiencing any symptoms of COVID-19 OR been in contact with anyone who has COVID-19 in the last 14 days** |
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By signing below, I acknowledge that (to the best of my ability) this register lists all persons who have attended the above event, and that all persons listed on this form have been advised as to the purposes for which their personal information is being collected and have consented to the collection of their personal information and its remittance to the City of White Rock.

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| --- | --- |
| **Organizer’s Signature:** |  |
| **Date:** |  |
| **Name (Please Print):** |  |
| **Contact Telephone:** |  |

**Please return this completed form to ContactTracing@whiterockcity.ca prior to entering the facility for your booking.**