

Meeting Attendance List

Name of Group: _____

Meeting Organizer: _____ Meeting Date: _____

Meeting Location: _____ [Room Name or Sanctuary]

Please complete the information below or check in the box to the left of your name to indicate your presence at this meeting. Thank you!

This information will be used only if Contact Tracing is needed if an attendee of the meeting tests positive for COVID-19 within 14 days.

		Name	Phone	E-mail
<input type="checkbox"/>	1			
<input type="checkbox"/>	2			
<input type="checkbox"/>	3			
<input type="checkbox"/>	4			
<input type="checkbox"/>	5			
<input type="checkbox"/>	6			
<input type="checkbox"/>	7			
<input type="checkbox"/>	8			
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<input type="checkbox"/>	24			
<input type="checkbox"/>	25			
<input type="checkbox"/>	26			
<input type="checkbox"/>	27			
<input type="checkbox"/>	28			
<input type="checkbox"/>	29			
<input type="checkbox"/>	30			

Note to Meeting Organizers:

- Please be sure everyone at the meeting either provides the information requested in each column or checks the box to the left of their pre-printed name to indicate they were present.
- Please drop this list by the church office in the Church Administrator's mailbox after your meeting or photograph it and attach it to an e-mail to the Church Administrator at fuco@cfl.rr.com.
- If you have a recurring meeting, you can type in the information for your group once, then use the same form, and your members can simply check on the box left of their name to indicate their presence at this meeting.