

Brantford Girls Hockey Association Tracking Form
LIST OF ALL PEOPLE IN ATTENDANCE



DATE OF ACTIVITY: _____ TIME FRAME: _____

PLACE: _____ COACH: _____

OTHER DETAILS: _____

Team, Rink #

NAME OF PERSON IN ATTENDANCE	ROLE Eg: Player, Staff, Parent	Contact Number	EMAIL	SCREENING STATUS If not pass, sent home
1	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
2	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
3	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
4	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
5	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
6	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
7	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
8	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			

OWHA/BGHA Tracking Form

NAME OF PERSON IN ATTENDANCE	ROLE Eg: Player, Staff, Parent	Contact Number	EMAIL	SCREENING STATUS If not pass, sent home
9	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
10	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
11	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
12	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
13	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
14	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
15	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
16	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
17	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
18	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
19	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			

Date: _____

Screener: _____

OWHA/BGHA Tracking Form

NAME OF PERSON IN ATTENDANCE	ROLE Eg: Player, Staff, Parent	Contact Number	EMAIL	SCREENING STATUS If not pass, sent home
20	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
21	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
22	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
23	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
24	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
25	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
26	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
27	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
28	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
29	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
30	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			

Date: _____

Screener: _____

OWHA/BGHA Tracking Form

NAME OF PERSON IN ATTENDANCE	ROLE Eg: Player, Staff, Parent	Contact Number	EMAIL	SCREENING STATUS If not pass, sent home
31	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
32	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
33	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
34	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
35	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
36	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
37	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
38	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
39	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
40	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
41	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			

Date: _____

Screener: _____

OWHA/BGHA Tracking Form

NAME OF PERSON IN ATTENDANCE	ROLE Eg: Player, Staff, Parent	Contact Number	EMAIL	SCREENING STATUS If not pass, sent home
42	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
43	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
44	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
45	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
46	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
47	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
48	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
49	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			
50	<input type="checkbox"/> Player <input type="checkbox"/> Staff <input type="checkbox"/> Parent/Family			

Please return completed tracking forms to Lisa (BGHA Manager) bghaoffice@gmail.com

Date: _____

Screener: _____