



COMPETITION CHECKLIST

COMPETITION NAME: _____

COVID-19 CONTACT PERSON: _____

EMAIL: _____ PHONE: _____

CHECKLIST

YES

NO

1. Have all the venues used in your competition had their COVID-19 Safety Plan approved?
2. Have all clubs in your competition completed and returned their Club Checklist?
3. Have all the Umpires and Officials used in your competition received the Umpires and Officials Checklist?
4. Have you communicated a summary of each venues COVID-19 Safety Plan to all clubs in your competition?
5. Has the competition body reinforced the need for:
 - Physical distancing
 - Good hygiene practices
 - No handshakes, no high fives or group celebrations

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