

Tracking Template for Special Olympics North Carolina Activities

Version: June 25, 2020

Special Olympics
North Carolina



Name of Event: _____ Date of Event/Practice: _____ Location: _____

Participant First and Last Name	Participant Type (Athlete, Unified Partner, Coach, Volunteer, Staff)	Cell Phone Number	Code of Conduct Signed (Yes/No)	Screened? (Yes/No)	Signs or Symptoms of COVID-19? (Yes/No)	Temperature below 100.4 °F (Yes/No)	Answered NO to all questions (Yes/No)

Submit all logs after every SONC activity to registration@sonc.net

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