BMX NEW ZEA	ALAND		
DATE:	TIME:	CLUB:	
		cated in the BMX facility during a $\mathfrak g$	
ATTENDEE NAME:		CONTACT NUMBER:	

Completed Contact Tracing forms need to electronically stored. Please take a picture of this list, then save it somewhere your Club can access it and also send it to admin@bmxnz.co.nz