**APPENDIX 10:**

**GAME DAY LOGISTICS**

|  |  |
| --- | --- |
| **CLUB NAME** |  |
| **CLUB COVID OFFICER NAME AND CONTACT DETAILS** |  |
| **DATE OF GAME** |  |
| **OTHER RELEVANT CONTACT DETAILS** |  |

**GAME DAY INFORMATION:**

|  |  |
| --- | --- |
| **VENUE ADDRESS (Google Link)** |  |
| **VENUE ENTRANCE** |  |
| **VENUE EXIT** |  |
| **WHERE SCREENING WILL TAKE PLACE? (Diagram may help)** |  |
| **GAME TIP TIME** |  |
| **COURT ACCESS TIME** |  |
| **VIDEO LINK** |  |

**OTHER INFORMATION:**

|  |  |
| --- | --- |
| **IS THERE A ONE-WAY SYSTEM IN PLACE?** |  |
| **ARE CHANGING ROOMS AVAILABLE?** |  |
| **CAN YOU WARM UP ON COURT?** |  |
| **IS THERE A GAME BEFOREHAND?** |  |
| **IS THERE A FIRST AIDER ON SITE?** |  |
| **LOCATION OF DEFIB?** |  |

**SITE MAP:**

**THIS FORM TO BE SENT TO THE OPPOSITION CONTACT AND ALL OFFICIALS FOR THE GAME.**