**APPENDIX 10:**

**GAME DAY LOGISTICS**

|  |  |
| --- | --- |
| **CLUB NAME** |  |
| **CLUB COVID OFFICER NAME AND CONTACT DETAILS** |  |
| **DATE OF GAME** |  |
| **MATCH PROMOTOR CONTACT** |  |
| **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 (walk through of site)** |  |

**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?** |  |

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

**SITE MAP – Picture or map as a minimum, additional video would be useful**

**COURT MAP – Please choose set-up most similar below**

****

**TABLE**

**TEAM B**

**TEAM B**

**TEAM A**

**TEAM A**

**TABLE**

**TRADITIONAL** **[ ]  BENCHES OPPOSITE TABLE** **[ ]**

**TEAM B**

****

**TEAM B**

**TEAM A**

**TEAM A**

**TABLE**

**TABLE**

 **BENCHES ON OPPOSITE SIDES** **[ ]  WRAP AROUND** **[ ]**

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