

# COMPETITION CHECKLIST

COMPETITION NAME: \_\_\_\_\_

COVID-19 CONTACT PERSON: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

YES NO

## CHECKLIST

- |  |                       |                       |
|--|-----------------------|-----------------------|
| 1. Have all the venues used in your competition had their COVID-19 Safety Plan approved?   | <input type="radio"/> | <input type="radio"/> |
| 2. Have all clubs in your competition completed and returned their Club Checklist?   | <input type="radio"/> | <input type="radio"/> |
| 3. Have all the Umpires and Officials used in your competition received the Umpires and Officials Checklist?   | <input type="radio"/> | <input type="radio"/> |
| 4. Have you communicated a summary of each venues COVID-19 Safety Plan to all clubs in your competition?   | <input type="radio"/> | <input type="radio"/> |
| 5. Has the competition body reinforced the need for: <ul style="list-style-type: none"><li>• Physical distancing</li><li>• Good hygiene practices</li><li>• No handshakes, no high fives or group celebrations</li></ul> | <input type="radio"/> | <input type="radio"/> |