



## **Covid Safety Ambassador**

**Rental Group or Activity** *(i.e. Pickleball, Chwk Minor Hockey, etc.)*

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**Space Rented** (please select all applicable)

**Landing Sports Centre**

- Main Floor
- Loft
- Clover Room

**Evergreen Hall**

- Cheam Room
- Slesse Room
- Minto Room
- Stage
- Glen Room
- Shamrock Room
- Dressing Room #2
- Dressing Room #3

**Sardis Sports Complex**

- Rink #1
- Rink #2
- Rink #3

Other \_\_\_\_\_

Date \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

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**Event Host Name and Contact**

*(i.e. John Smith - Cel # 604 – 111– 5555)*

***Please Note that it will be the responsibility of the ambassador to monitor access to the facility and to ensure capacity limits are adhered to.***