

HAYWOOD GLEANERS FIELD SIGN-UP SHEET 2020

Please Print

LOCATION: _____

DATE: _____

	NAME (please print)	Phone	
1			Covid-19 Rules Read <input type="checkbox"/>
		No Symptoms <input type="checkbox"/> Tested Negative <input type="checkbox"/>	Liability Signed <input type="checkbox"/> Food Safety Read <input type="checkbox"/>
2			Covid-19 Rules Read <input type="checkbox"/>
		No Symptoms <input type="checkbox"/> Tested Negative <input type="checkbox"/>	Liability Signed <input type="checkbox"/> Food Safety Read <input type="checkbox"/>
3			Covid-19 Rules Read <input type="checkbox"/>
		No Symptoms <input type="checkbox"/> Tested Negative <input type="checkbox"/>	No Symptoms <input type="checkbox"/> Liability Signed <input type="checkbox"/> Food Safety Read <input type="checkbox"/>
4			Covid-19 Rules Read <input type="checkbox"/>
		No Symptoms <input type="checkbox"/> Tested Negative <input type="checkbox"/>	No Symptoms <input type="checkbox"/> Liability Signed <input type="checkbox"/> Food Safety Read <input type="checkbox"/>
5			Covid-19 Rules Read <input type="checkbox"/>
		No Symptoms <input type="checkbox"/> Tested Negative <input type="checkbox"/>	No Symptoms <input type="checkbox"/> Liability Signed <input type="checkbox"/> Food Safety Read <input type="checkbox"/>
6			Covid-19 Rules Read <input type="checkbox"/>
		No Symptoms <input type="checkbox"/> Tested Negative <input type="checkbox"/>	No Symptoms <input type="checkbox"/> Liability Signed <input type="checkbox"/> Food Safety Read <input type="checkbox"/>
7			Covid-19 Rules Read <input type="checkbox"/>
		No Symptoms <input type="checkbox"/> Tested Negative <input type="checkbox"/>	No Symptoms <input type="checkbox"/> Liability Signed <input type="checkbox"/> Food Safety Read <input type="checkbox"/>
8			Covid-19 Rules Read <input type="checkbox"/>
		No Symptoms <input type="checkbox"/> Tested Negative <input type="checkbox"/>	No Symptoms <input type="checkbox"/> Liability Signed <input type="checkbox"/> Food Safety Read <input type="checkbox"/>
9			Covid-19 Rules Read <input type="checkbox"/>
		No Symptoms <input type="checkbox"/> Tested Negative <input type="checkbox"/>	No Symptoms <input type="checkbox"/> Liability Signed <input type="checkbox"/> Food Safety Read <input type="checkbox"/>
10			Covid-19 Rules Read <input type="checkbox"/>
		No Symptoms <input type="checkbox"/> Tested Negative <input type="checkbox"/>	No Symptoms <input type="checkbox"/> Liability Signed <input type="checkbox"/> Food Safety Read <input type="checkbox"/>

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	NAME (please print)	Phone	
11			Covid-19 Rules Read <input type="checkbox"/> No Symptoms <input type="checkbox"/> Liability Signed <input type="checkbox"/> Food Safety Read <input type="checkbox"/>
		No Symptoms <input type="checkbox"/> Tested Negative <input type="checkbox"/>	
12			Covid-19 Rules Read <input type="checkbox"/> No Symptoms <input type="checkbox"/> Liability Signed <input type="checkbox"/> Food Safety Read <input type="checkbox"/>
		No Symptoms <input type="checkbox"/> Tested Negative <input type="checkbox"/>	
13			Covid-19 Rules Read <input type="checkbox"/> No Symptoms <input type="checkbox"/> Liability Signed <input type="checkbox"/> Food Safety Read <input type="checkbox"/>
		No Symptoms <input type="checkbox"/> Tested Negative <input type="checkbox"/>	
14			Covid-19 Rules Read <input type="checkbox"/> No Symptoms <input type="checkbox"/> Liability Signed <input type="checkbox"/> Food Safety Read <input type="checkbox"/>
		No Symptoms <input type="checkbox"/> Tested Negative <input type="checkbox"/>	
15			Covid-19 Rules Read <input type="checkbox"/> No Symptoms <input type="checkbox"/> Liability Signed <input type="checkbox"/> Food Safety Read <input type="checkbox"/>
		No Symptoms <input type="checkbox"/> Tested Negative <input type="checkbox"/>	
16			Covid-19 Rules Read <input type="checkbox"/> No Symptoms <input type="checkbox"/> Liability Signed <input type="checkbox"/> Food Safety Read <input type="checkbox"/>
		No Symptoms <input type="checkbox"/> Tested Negative <input type="checkbox"/>	
17			Covid-19 Rules Read <input type="checkbox"/> No Symptoms <input type="checkbox"/> Liability Signed <input type="checkbox"/> Food Safety Read <input type="checkbox"/>
		No Symptoms <input type="checkbox"/> Tested Negative <input type="checkbox"/>	
18			Covid-19 Rules Read <input type="checkbox"/> No Symptoms <input type="checkbox"/> Liability Signed <input type="checkbox"/> Food Safety Read <input type="checkbox"/>
		No Symptoms <input type="checkbox"/> Tested Negative <input type="checkbox"/>	
19			Covid-19 Rules Read <input type="checkbox"/> No Symptoms <input type="checkbox"/> Liability Signed <input type="checkbox"/> Food Safety Read <input type="checkbox"/>
		No Symptoms <input type="checkbox"/> Tested Negative <input type="checkbox"/>	
20			Covid-19 Rules Read <input type="checkbox"/> No Symptoms <input type="checkbox"/> Liability Signed <input type="checkbox"/> Food Safety Read <input type="checkbox"/>
		No Symptoms <input type="checkbox"/> Tested Negative <input type="checkbox"/>	