
Attendance at Harbor Beach Community Theatre**Date:** _____**Name:** _____**Phone #** _____

Others with you:

Phone # if different than above:

Name: _____

If more, please list on the back of the form.

This form is required in case of a need to do contract tracing for Covid 19. If there is an exposure at this theatre, during this show, you will be contacted by the Huron County Health Department.

These forms will be destroyed after exposure risk has passed. If you do not provide this information, we cannot allow you admission to the theatre.

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