



*Help us fight the community spread
of COVID-19!*

LIAC NON-MEMBER GATE ENTRY FORM

Parents'/Guardians' name(s): _____

Children's names and ages: _____

Address: _____

City: _____ Postal Code: _____

Telephone (Home): _____ Emergency: _____

Email: _____

provided proof of identification (driver's license or health card)

Member who is sponsoring: _____

Member's signature: _____

Non-member's signature: _____

★ Daily entries, when available, must show photo ID (driver's license or health card)