



Event/Activity Request

Activity: _____

Location: _____ Date(s) _____

Contact person: _____ Phone: _____

Email: _____

This activity is (please circle): **Indoor** **Outdoor** Number of attendees expected: _____

Please check the following items you plan on implementing:

- Activity will be limited to participants and any necessary parent or guardian (there will be no spectators)
- A record of participants will be kept, including name and phone number
- Participants who are not feeling well will not be permitted to participate

Social Distancing-At least 6 feet of separation should be provided between contacts. How will you accomplish this?

- A reduction in the occupancy capacity of a building or space
- What is the occupancy capacity?
- A reduction in seating (attach seating arrangement)
- What is the full seating capacity?
- A reduction in the number of individuals invited to the activity
- Conducting the activity in shifts
- Other: _____

How will traffic flow be controlled to allow for social distancing? _____

Cleaning & Sanitizing:

Who will ensure frequently touched surfaces will be sanitized regularly? _____

What sanitizer will be used? _____

How frequently will surfaces be sanitized? _____

Will food be served at your activity? **YES** **NO**

How will food be served (please circle): **Grab n Go Meal** **Served by Staff/Host**

Questions? Call Sheridan County Public Health at 406.765.3410