



## Baseball Victoria Return to Activity RETURN TO ACTIVITY CHECKLIST

Club Name	
Venue	
Council	

Person completing form on behalf of the club:

Name	
Contact Phone	
Contact Email	

Do you have Council approval to return to the facility?

Is hand sanitizer available?

Does your clubroom have restricted access?

Has the premises been thoroughly cleaned?

Please nominate your COVID-19 Coordinator:

Name	
Contact Phone	
Contact Email	

Please list your proposed training schedule:

Seniors	
Juniors	
T-Ball	
Masters	

COMMENTS

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