



# STATE OF READINESS DECLARATION: VENUE

Questions Responses

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In my capacity as owner/manager of the mentioned Venue, hereby certify that the venue requirements are met and procedures are implemented.

Email address \*

Valid email address

.....

This form is collecting email addresses. [Change settings](#)

Name \*

Short-answer text

.....

Surname \*

Short-answer text

.....

Name of National Federation/Association if any. \*

Short-answer text

.....

Province Name \*

Short-answer text

.....



Club Name \*

Short-answer text

Name of the Venue \*

Short-answer text

Address of the Venue \*

Long-answer text

Facilities at the venue. \*

Ablution

Slipway/Launch

Accommodati...

Café or Resta...

None

Row 1

Contact details: Cell number \*

Short-answer text

Contact details: Email Address \*

Short-answer text

I confirm that I have read the SASACC COVID-19 Participation Regulations document with its Annexures and understand the responsibility as contained in it. \*



I confirm that I have read the SASACC COVID-19 Operational Plan (Annexure E) and understand the responsibility as contained in the Annexure. \*

Yes

I confirm that I have implemented all the requirements contained in the SASACC COVID-19 Operational Plan (Annexure E) as applicable to a Venue. \*

Yes

I confirm that we implemented all the screening procedures and record-keeping processes as required. \*

Yes

I acknowledge that transgression of the Venue Regulations can lead to disciplinary actions and to the closure of the venue or cancellation of all events and training sessions scheduled to be hosted at the Venue. \*

Yes

Signature

Date

