**­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meeting Participant List**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Participate Full Name ( Please Print)** | **Phone Number** | **Email Address** |
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**Continuation Participation Sheet**

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| --- | --- | --- |
| **Participate Full Name ( Please Print)** | **Phone Number** | **Email Address** |
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**Special Note:**

**Anyone that plans to participate in an in-person activity and refuses to adhere to all of the policies and procedures outlined in the EBC Sanctuary Utilization Guidelines during COVID-19 guidance document will not be allowed to participate and a member of the security team shall escort them from the facility.**