

Name: _____

Phone Number: _____

Please do not enter if:

- you have flu like symptoms (fever, cough, sore throat, headache or muscle ache)
- You have travelled outside of Canada in the last 14 days AND been advised to quarantine per the federal quarantine requirements
- you have been in contact with a person suspected of/confirmed with Covid 19
- you have been directed to self-isolate

I have read and agree to the terms and conditions of entry.

By providing your contact details you agree that your information may be provided to health providers as part of contact tracing requirements. Your information will be retained for 30 days.



GATEWAY
CASINOS & ENTERTAINMENT LIMITED