

# Craven County Recreation & Parks Travel Team Field Reservation COVID-19 Response Plan

Team/Organization Name: \_\_\_\_\_ Age Group: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email address: \_\_\_\_\_



**COVID- 19** – All gatherings have to be in accordance with the Governor’s mass gathering limits. Also, protocol for each group needs to be in place to allow social distancing, mask wearing when within 6 feet and providing sanitation. Below is a chance to explain what your practice will look like and to allow our department to review your plan. Plan needs to include social distancing and also what are you going to do in the event someone tests positive for COVID-19.

Plan of action for my group: \_\_\_\_\_

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Signature

\_\_\_\_\_  
Date

Office Use –

Fee Paid \_\_\_\_\_ Date Paid \_\_\_\_\_ Staff Initials \_\_\_\_\_