**ALL FIELDS ARE MANDATORY. PLEASE PRINT**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Visit:** | **Arrival  Time:** | **Departure Time:** | **Member  or Visitor:** | **Full Name:** | **Contact No:** | **Reg Form completed?** | **Pathfindr Device No:** | **Supvr**  **Initial:** |
|  |  |  | 🞏 Member  🞏 Visitor |  |  | 🞏 Yes |  |  |
|  |  |  | 🞏 Member  🞏 Visitor |  |  | 🞏 Yes |  |  |
|  |  |  | 🞏 Member  🞏 Visitor |  |  | 🞏 Yes |  |  |
|  |  |  | 🞏 Member  🞏 Visitor |  |  | 🞏 Yes |  |  |
|  |  |  | 🞏 Member  🞏 Visitor |  |  | 🞏 Yes |  |  |
|  |  |  | 🞏 Member  🞏 Visitor |  |  | 🞏 Yes |  |  |
|  |  |  | 🞏 Member  🞏 Visitor |  |  | 🞏 Yes |  |  |
|  |  |  | 🞏 Member  🞏 Visitor |  |  | 🞏 Yes |  |  |
|  |  |  | 🞏 Member  🞏 Visitor |  |  | 🞏 Yes |  |  |
|  |  |  | 🞏 Member  🞏 Visitor |  |  | 🞏 Yes |  |  |