**ALL FIELDS ARE MANDATORY. PLEASE PRINT**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  |