



## Hay River Breakup Evacuation Registration Form

Household Contact Full Name:	Home Address:	Contact Telephone:
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Household Member Names:

Number and Type of Pets Being Accommodated:

Special Needs /Comments :	Anyone in your household Self Isolating or have COVID Symptoms (below)?:
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COVID-19 Symptoms Include:  
Fever, New or Worsening Cough, Shortness of Breath  
Generally feel unwell, muscleaches, fatigue, sore throat, runny nose, headache, diarrhea, vomiting, loss of sense of smell.

**To be completed by Registration Agent:**

Reception Agent Name:	Registration Date:	Registration Time:
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Recommended Accommodation From Survey:	Assigned Accommodation / Private Accommodation Address:
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If evacuating out of town, driving or flying?:

I agree that in the event of damage to any hotel, RV Park or other accommodation type due to intention or negligence, I shall compensate damages directly to the owner of the facility.

Name:	Signature / Agreement:
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