



CONTACT TRACING

(1 PER BUBBLE)

MUST HAVE INFO FOR NORTHERN HEALTH

FIRST NAME: _____

LAST NAME: _____

TOTAL BUBBLE MEMBERS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

**THANK YOU FOR YOUR HELP!
AND WELCOME BACK TO POWDER KING!**



**FOLLOW US AND SHARE YOUR POWDER EXPERIENCE!
#PKALLDAY #TAKEMEBACKTOPK**