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## COVID-19 Program Event Form

**Program :**

**Event Name:**

**Event Date:**

**Location of Event:**

**# of planned attendees:**

**Brief Description of Event:**

### Attestation

I attest that all social distancing guidelines/requirements as recommended by the State of Connecticut and CDC currently in place within the state of CT (<https://portal.ct.gov/Coronavirus>) will be adhered to during the above described event. I will remind invited guests to NOT attend if they are not feeling well. This is not a required event and therefore an invited guest can decline the invitation.

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**