



St. Thomas Mar Thoma Church of Chicago

710 N Main St. Lombard IL 60148

Event attendee list (COVID Protocol Edition)

Event Name: _____

Date: _____ Time: _____

Please fill the below list with names and contact information of all attendees attending the event.

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I agree that the information is correct to the best of my knowledge and understanding and any change would be communicated to STMTC Trustees in writing prior to the event:

Name (renter) _____

Date _____ Signature _____