

GUEST ATTENDEE LIST
 (TO BE TURNED IN UPON CHECK-IN)

GROUP NAME: _____ EVENT DATE(S): _____

COORDINATOR NAME _____

	NAME	WAIVER OF LIABILITY	SPECIAL ATTENTION	*COMMENTS
	Sample Participant			Food allergies, vegetarian, Handicap, etc.
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*Please use comment section for any special needs

** **Coordinator must check in at office upon arrival at Ranch – preferably 30 minutes prior to arrival of other attendees.**

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