

GROUP GUEST DATA SHEET

TRIP NAME: _____

TRIP DATE: _____

TOTAL NUMBER OF GUESTS: _____

CONTACT NAME: _____

TRIP NOTES: List any special requests of your group, i.e., inflatable kayaks.

MEDICAL/DIETARY NOTES: List by name and explain any persons in your group with allergies, diabetes, special dietary needs, etc.

TRAVEL NOTES: Mode of travel to our meeting point and where you're staying.

**Below list the name, address, phone number, age, weight,
and rental information of each person in your group.**

NAME _____ Age _____
ADDRESS _____ Weight _____
CITY _____ STATE _____ ZIP _____ Sleeping Kit _____
PHONE/work() _____ home() _____

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