

STUDENT GUEST LIST

PLEASE HAVE EACH PERSON COMPLETE ONE BLOCK OF INFORMATION

****EACH STUDENT MUST SIGN--THIS INDICATES THAT THEY HAVE READ THE CONTRACT****

NAME: _____

Address: _____

Phone: _____

Signature:

NAME: _____

Address: _____

Phone: _____

Signature:

NAME: _____

Address: _____

Phone: _____

Signature:

NAME: _____

Address: _____

Phone: _____

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