



CHECK-IN FORM

Please bring this completed form with you on the day of your visit.
Upon arrival, you will turn this form into the Group Sales Associate checking in your group.

GROUP NAME: _____

GROUP LEADER NAME: _____

DATE OF VISIT: _____

ADULT TOTAL: _____

Please include the total number of adults you currently have on the day of your visit. We understand these numbers might differ from your confirmation, but we need accurate attendance numbers for reporting purposes.

