



# 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:** \_\_\_\_\_

**YOUTH TOTAL:** \_\_\_\_\_

**ADULT TOTAL:** \_\_\_\_\_

Please include the total number of youth and 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.

