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.