GUEST LIST

COMPANY NAME:

BOAT BRAND OR PRODUCT EXHIBITED:

If your customers know your company by a different name or a particular Manufacturer Brand, include them above.

CONTACT NAME: **PHONE #:**

Phone # will be given to customers to contact you, if the name is not listed.

☐ My guests will ask for the **Company Name ONLY**. Please have them sign the Guest List

If you checked above, indicate Total # of Tickets to issue PER Customer ☐ OR ☐ Please issue as many tickets as guest needs

Please SORT by Last Name. If you are handwriting, please PRINT clearly

GUEST NAME		# OF TICKETS		# OF TICKETS	DATE	WEST
LAST	FIRST	ISSUED	GUEST SIGNATURE	TAKEN	REDEEMED	GATE