XTREME360

PARTY GUEST LIST

BIRTHDAY CHILD(REN) NAME(S):_____ PARTY DATE/TIME:_____

	GUESTS FIRST AND LAST NAME	D.O.B	PARENT NAME	PARENT CONTACT NUMBER	WAIVER
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

PLEASE BRING THIS SHEET WITH YOU FOR A SMOOTHER CHECK IN