



GROUP GUEST LIST

20699 Macomb Street, Macomb, Michigan 48042
 Office: 586-992-2900 Fax: 586-992-2900

Party Host Name: _____

Party Date: _____

Final Payment is due 30 minutes prior to the start of your reservation time and date. Don't forget to bring your Group Guest List.

Liability Waiver/Indemnification Agreement PLEASE NOTE: This agreement serves as the Liability Waiver for ALL guests listed on this "Group Guest List".

I have received, read, understood, and agree to comply with the Macomb Township Recreation Center's rules and regulations on the use of meeting rooms. I hereby fully release and discharge the Township of Macomb and its employees from any and all claims from injuries, including death, damage or loss, which may arise or which may be alleged to have arisen out of, or in connection with the above meeting in the Macomb Township Recreation Center.

I further agree to indemnify and hold harmless and defend the Twp. of Macomb and its employees from any and all claims resulting from injuries, including death, damage or loss, including, but not limited to the general public, which may arise or may be alleged to have arisen out of, or in connection with the above meeting in the Macomb Twp. Recreation Center.

Reservation Applicant's Signature: _____ Print Name: _____ Date: _____

Print Staff Members Name: _____ Staff Initials: _____ Reservation # _____

PRINT CLEARLY First Name, Last Name	Guest	Addtl. Guest	Infant under1
1.	Paid w/ Party Package	0	0
2.	Paid w/ Party Package	0	0
3.	Paid w/ Party Package	0	0
4.	Paid w/ Party Package	0	0
5.	Paid w/ Party Package	0	0
6.	Paid w/ Party Package	0	0
7.	Paid w/ Party Package	0	0
8.	Paid w/ Party Package	0	0
9.	Paid w/ Party Package	0	0
10.	Paid w/ Party Package	0	0
11.	Paid w/ Party Package	0	0
12.	Paid w/ Party Package	0	0
13.	Paid w/ Party Package	0	0
14.	Paid w/ Party Package	0	0
15.	Paid w/ Party Package	0	0
16.	Paid w/ Party Package	0	0
17.	Paid w/ Party Package	0	0
18.	Paid w/ Party Package	0	0
19.	Paid w/ Party Package	0	0
20.	Paid w/Party Package	0	0
21.		\$	
22.		\$	
23.		\$	
24.		\$	
25.		\$	

PRINT CLEARLY First Name, Last Name	Addtl. Guest	Infant under1
26.	\$	
27.	\$	
28.	\$	
29.	\$	
30.	\$	
31.	\$	
32.	\$	
33.	\$	
34.	\$	
35.	\$	
36.	\$	
37.	\$	
38.	\$	
39.	\$	
40.	\$	
41.	\$	
42.	\$	
43.	\$	
44.	\$	
45.	\$	
46.	\$	
47.	\$	
48.	\$	
49.	\$	
Total Cost of Additional Guests	\$	