



# GUEST LIST

Please complete and return this form 10 days prior to your event:

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Roller Party: \_\_\_\_\_

Time: \_\_\_\_\_

Venue: \_\_\_\_\_

Name of Party Host: \_\_\_\_\_

Age of Party Host: \_\_\_\_\_

Skaters	Names	Sizes	Attended	Skate Number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Skaters	Names	Sizes	Attended	Skate Number
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26	(Ranger sign all returned skates)			

