

New Milford Parks and Recreation

Guest List For: _____ Park: _____

Contact Name: _____ Cell Phone: _____

Event Date: _____ Start Time: _____ End Time: _____ Rain Date: _____

- Guest list must be submitted to the Parks and Recreation office by: _____
 - We may not be able to accommodate your event if submitted after due date.
 - Guest lists may not be altered after submitted.
- Please complete the guest list below, all fields are required.
 - Every “invited” guest, age three or older, must be included.

	Last Name of Family	First Name (list only 1 adult per family)	Town	State	# Attending Event
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
Total Number of Guests (may not exceed approved total)					