

SOUND VIEW CAMP & RETREAT CENTER GUEST GROUP PARTICIPATION – INSURANCE FORM

Please provide the director with a list of all persons attending any portion of your stay using this list. Use the back of this sheet and/or additional sheets if necessary. Any accurate, comparable list that may already exist is acceptable.

NAME OF GROUP: _____

ADDRESS: _____

ARRIVAL DATE: _____ DEPARTURE DATE: _____ PHONE: () _____ - _____

(Note: If a participant was not at Sound View for the entire conference period, please specify the extent of his/her stay (one night only, two nights only, one day only, etc.)

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