

Guest List

(Date)

NAME (please print)	STREET ADDRESS or RR NUMBER	CITY, TOWN, or VILLAGE + ZIP	PHONE NUMBER	ADULTS AT TABLE
1				
2				
3				
4				
5				
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11				
12				
13				
14				
15				

We respect your privacy and we will not share your information with anyone other than health authorities and only for the purpose of notifying you in the event that you or members of your party might have been exposed to the Covid-19 virus by another patron of this establishment.