



□ Jones Valley Resort

GUEST MANIFEST

Please take the time to fill out this form and return it to us before your arrival at our marina. It is important we know who is on your boat in case of emergency. *This information remains confidential and will not be sold, used, nor distributed to anyone other than houseboats.com.*

Captain's Name: _____		Contract No: _____		Departure Date: _____	
1.	First & Last Name:		Street Address:		City/State
	Zip Code:	Female Male Age: _____	Phone #:	E-Mail Address:	
<input type="checkbox"/> Please check if you do not want to be added to our mailing list					
2.	First & Last Name:		Street Address:		City/State
	Zip Code:	Female Male Age: _____	Phone #:	E-Mail Address:	
<input type="checkbox"/> Please check if you do not want to be added to our mailing list					
3.	First & Last Name:		Street Address:		City/State
	Zip Code:	Female Male Age: _____	Phone #:	E-Mail Address:	
<input type="checkbox"/> Please check if you do not want to be added to our mailing list					
4.	First & Last Name:		Street Address:		City/State
	Zip Code:	Female Male Age: _____	Phone #:	E-Mail Address:	
<input type="checkbox"/> Please check if you do not want to be added to our mailing list					
5.	First & Last Name:		Street Address:		City/State
	Zip Code:	Female Male Age: _____	Phone #:	E-Mail Address:	
<input type="checkbox"/> Please check if you do not want to be added to our mailing list					
6.	First & Last Name:		Street Address:		City/State
	Zip Code:	Female Male Age: _____	Phone #:	E-Mail Address:	
<input type="checkbox"/> Please check if you do not want to be added to our mailing list					
7.	First & Last Name:		Street Address:		City/State
	Zip Code:	Female Male Age: _____	Phone #:	E-Mail Address:	
<input type="checkbox"/> Please check if you do not want to be added to our mailing list					
8.	First & Last Name:		Street Address:		City/State
	Zip Code:	Female Male Age: _____	Phone #:	E-Mail Address:	
<input type="checkbox"/> Please check if you do not want to be added to our mailing list					

If more than eight (8) guests, please complete back of form

Guest Manifest

9.	First & Last Name:		Street Address:		City/State
	Zip Code:	Female Male Age: _____	Phone #:	E-Mail Address:	
<input type="checkbox"/> <i>Please check if you do not want to be added to our mailing list</i>					
10.	First & Last Name:		Street Address:		City/State
	Zip Code:	Female Male Age: _____	Phone #:	E-Mail Address:	
<input type="checkbox"/> <i>Please check if you do not want to be added to our mailing list</i>					
11.	First & Last Name:		Street Address:		City/State
	Zip Code:	Female Male Age: _____	Phone #:	E-Mail Address:	
<input type="checkbox"/> <i>Please check if you do not want to be added to our mailing list</i>					
12.	First & Last Name:		Street Address:		City/State
	Zip Code:	Female Male Age: _____	Phone #:	E-Mail Address:	
<input type="checkbox"/> <i>Please check if you do not want to be added to our mailing list</i>					
13.	First & Last Name:		Street Address:		City/State
	Zip Code:	Female Male Age: _____	Phone #:	E-Mail Address:	
<input type="checkbox"/> <i>Please check if you do not want to be added to our mailing list</i>					
14.	First & Last Name:		Street Address:		City/State
	Zip Code:	Female Male Age: _____	Phone #:	E-Mail Address:	
<input type="checkbox"/> <i>Please check if you do not want to be added to our mailing list</i>					
15.	First & Last Name:		Street Address:		City/State
	Zip Code:	Female Male Age: _____	Phone #:	E-Mail Address:	
<input type="checkbox"/> <i>Please check if you do not want to be added to our mailing list</i>					
16.	First & Last Name:		Street Address:		City/State
	Zip Code:	Female Male Age: _____	Phone #:	E-Mail Address:	
<input type="checkbox"/> <i>Please check if you do not want to be added to our mailing list</i>					
17.	First & Last Name:		Street Address:		City/State
	Zip Code:	Female Male Age: _____	Phone #:	E-Mail Address:	
<input type="checkbox"/> <i>Please check if you do not want to be added to our mailing list</i>					
18.	First & Last Name:		Street Address:		City/State
	Zip Code:	Female Male Age: _____	Phone #:	E-Mail Address:	
<input type="checkbox"/> <i>Please check if you do not want to be added to our mailing list</i>					
19.	First & Last Name:		Street Address:		City/State
	Zip Code:	Female Male Age: _____	Phone #:	E-Mail Address:	
<input type="checkbox"/> <i>Please check if you do not want to be added to our mailing list</i>					