



GUEST LIST

Event Details

Name of Club/Organization: _____

Week Day, Month/Day/Year: _____

Start Time – End Time: _____

Building & Room Number: _____

Names of Guests - Alphabetized by Last Name

List **all outside guests including alumni, performers, speakers, vendors, etc.*

Last Name **First Name** **Affiliation**

Last Name	First Name	Affiliation

Event Contact Person: _____

Title/Position: _____

Telephone Number: _____

Submitted on: ____/____/____

For Office Use Approved by:	
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