



Packers Bay



Marina

Toll Free Reservation Line: 1-800-331-3137

Clean Well Maintained Houseboats Are Our Business

Guest Manifest

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