



**MULTI-PURPOSE ROOM**

FUNCTION DATE: \_\_\_\_\_

TIME FROM: \_\_\_\_\_ SUITE NO.: \_\_\_\_\_

**ADDENDUM NO. 1 GUEST LIST**

**\*MUST BE COMPLETED AND HANDED TO THE OFFICE PRIOR TO THE FUNCTION\***

(\*Resident must pay for extra security guard if more than twenty (20) guests are expected. Service to be arranged minimum seven (7) days prior to the function through the property management office.)

	Name of Guest	Arrived		Name of Guest	Arrived
1			16		
2			17		
3			18		
4			19		
5			20		
6			21		
7			22		
8			23		
9			24		
10			25		
11			26		
12			27		
13			28		
14			29		
15			30		

**PLEASE LIST ADDITIONAL GUESTS ON THE REVERSE**

EXTRA SECURITY GUARD'S NAME:		
TIME ON DUTY: _____	TIME OFF DUTY: _____	TOTAL HRS.: _____
RESIDENT INITIALS AS TO ACCURACY: _____		CONCIERGE INITIALS: _____
OFFICE USE ONLY:		

**MULTI-PURPOSE ROOM  
GUEST LIST (CONTINUED)**

Name of Guest		Arrived	Name of Guest		Arrived
31			46		
32			47		
33			48		
34			49		
35			50		
36			51		
37			52		
38			53		
39			54		
40			55		
41			56		
42			57		
43			58		
44			59		
45			60		

**THE MAXIMUM NUMBER OF GUESTS IS 60 UNLESS WRITTEN  
AUTHORIZATION HAS BEEN PROVIDED BY THE  
PROPERTY MANAGEMENT OFFICE**