Group Name:	
Phone number:	

Arrival Date:	Time:	Location:

GROUP MANIFEST FORM

E-mail to: cmckerchie@saulttribe.net and to: ethorne@saulttribe.net

must be received 3 days prior to arrival

Room Count	Guest Count	Guest Name	Guest Address Street, City, State, Zip	DOB	Northern Rewards Number

Incomplete or inaccurate information may result in guests exclusion of incentive earn

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