



Table Guest Form

Please provide the names and addresses of your table guests for easy check-in on event night.
Please select a meal for each guest. Return this form by March 29 either by mail in the enclosed envelope, by FAX to (303) 777-5893, or by email to Julia Teitell at jteitell@denveracademy.org.

NOTE: Cell numbers are used to send attendees a link to sign-up and bid on the online silent auction, which opens on Monday, April 8.

Table Contact: _____

Table Name (as you would like it published): _____

Guest 1 Name: _____ **Email:** _____

Address: _____

Cell Number: _____ Beef (gf) Chicken (gf, df) Vegetarian/Vegan (gf, df)

Guest 2 Name: _____ **Email:** _____

Address: _____

Cell Number: _____ Beef (gf) Chicken (gf, df) Vegetarian/Vegan (gf, df)

Guest 3 Name: _____ **Email:** _____

Address: _____

Cell Number: _____ Beef (gf) Chicken (gf, df) Vegetarian/Vegan (gf, df)

Guest 4 Name: _____ **Email:** _____

Address: _____

Cell Number: _____ Beef (gf) Chicken (gf, df) Vegetarian/Vegan (gf, df)

Guest 5 Name: _____ **Email:** _____

Address: _____

Cell Number: _____ Beef (gf) Chicken (gf, df) Vegetarian/Vegan (gf, df)

Guest 6 Name: _____ **Email:** _____

Address: _____

Cell Number: _____ Beef (gf) Chicken (gf, df) Vegetarian/Vegan (gf, df)

Guest 7 Name: _____ **Email:** _____

Address: _____

Cell Number: _____ Beef (gf) Chicken (gf, df) Vegetarian/Vegan (gf, df)

Guest 8 Name: _____ **Email:** _____

Address: _____

Cell Number: _____ Beef (gf) Chicken (gf, df) Vegetarian/Vegan (gf, df)

Guest 9 Name: _____ **Email:** _____

Address: _____

Cell Number: _____ Beef (gf) Chicken (gf, df) Vegetarian/Vegan (gf, df)

Guest 10 Name: _____ **Email:** _____

Address: _____

Cell Number: _____ Beef (gf) Chicken (gf, df) Vegetarian/Vegan (gf, df)