

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 <u>by April 8</u> either by mail in the enclosed envelope, by FAX to (303) 777-5893, or by email to Karen Lozow at <u>klozow@denveracademy.org</u>.**

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 18.

Table Contact:		_
Table Name (as you would like it published):		
Guest 1 Name:	Email:	
Address:		
Cell Number:		□ Vegan/Vegetarian □ Chicken
Guest 2 Name:	Email:	
Address:		
Cell Number:		\Box Vegan/Vegetarian \Box Chicken
Guest 3 Name:	Email:	
Address:		
Cell Number:		□ Vegan/Vegetarian □ Chicken
Guest 4 Name:	Email:	
Address:		
Cell Number:		□ Vegan/Vegetarian □ Chicken
Guest 5 Name:	Email:	
Address:		
Cell Number:		\Box Vegan/Vegetarian \Box Chicken

Guest 6 Name:	Email:
Address:	
Cell Number:	
Guest 7 Name:	Email:
Address:	
Cell Number:	
Guest 8 Name:	Email:
Address:	
Cell Number:	
Guest 9 Name:	Email:
Address:	
Cell Number:	
Guest 10 Name:	Email:
Address:	
Cell Number:	