

CONFIRMED GUEST LIST

Due: September 27th (or sooner!)

Table Host Name: _____

To ensure a positive experience for you and all your guests use this form, or our online event page to let us know who will be sitting at your table (yourself, plus nine confirmed guests).

Complete contact information is very important!

Please provide full addresses, phone numbers and emails even if you think we have them.

This really is the biggest way you can help as we will have hundreds of attendees that will expect to be communicated with directly and effectively.

Thank you for being THOROUGH and PROMPT.

Guest Name	Mailing Address	Telephone <u>AND</u> Email	Special Meal (specify vegetarian, vegan, gluten free)
1. YOU			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

If you do not have a full table of 10 people, please let us know your preference:

- Please fill the empty seats with other guests; or
- I commit to filling the empty seats and providing you with names by **October 4th**

Deliver to the office, Fax to 913-397-8559 or email gala@pathwaytohope.org

OR Provide complete information online: https://www.flipcause.com/secure/cause_pdetails/NTUwOTE=