

inspiring



Benefiting HOPE 4 Youth

# Table Guest Form

Please fill out this form with your guests' information, save the file and send it as an email attachment to Lisa Jacobson, HOPE 4 Youth Executive Director, at ljacobson@hope4youthmn.org. This will ensure that all table assignments can be made and that your guests will receive all event information. Your completed form is requested by June 1.

If you would like a HOPE 4 Youth staff member at your table, please note "Staff" in section 10.

<p><b>1</b> Table Captain Name _____ <input type="checkbox"/> Veg. Meal</p> <p>Address _____ City _____</p> <p>State _____ Zip _____ Phone _____</p> <p>Email _____ <input type="checkbox"/> Cell <input type="checkbox"/> Office</p>	<p><b>2</b> Name _____ <input type="checkbox"/> Veg. Meal</p> <p>Address _____ City _____</p> <p>State _____ Zip _____ Phone _____</p> <p>Email _____ <input type="checkbox"/> Cell <input type="checkbox"/> Office</p>
<p><b>3</b> Name _____ <input type="checkbox"/> Veg. Meal</p> <p>Address _____ City _____</p> <p>State _____ Zip _____ Phone _____</p> <p>Email _____ <input type="checkbox"/> Cell <input type="checkbox"/> Office</p>	<p><b>4</b> Name _____ <input type="checkbox"/> Veg. Meal</p> <p>Address _____ City _____</p> <p>State _____ Zip _____ Phone _____</p> <p>Email _____ <input type="checkbox"/> Cell <input type="checkbox"/> Office</p>
<p><b>5</b> Name _____ <input type="checkbox"/> Veg. Meal</p> <p>Address _____ City _____</p> <p>State _____ Zip _____ Phone _____</p> <p>Email _____ <input type="checkbox"/> Cell <input type="checkbox"/> Office</p>	<p><b>6</b> Name _____ <input type="checkbox"/> Veg. Meal</p> <p>Address _____ City _____</p> <p>State _____ Zip _____ Phone _____</p> <p>Email _____ <input type="checkbox"/> Cell <input type="checkbox"/> Office</p>
<p><b>7</b> Name _____ <input type="checkbox"/> Veg. Meal</p> <p>Address _____ City _____</p> <p>State _____ Zip _____ Phone _____</p> <p>Email _____ <input type="checkbox"/> Cell <input type="checkbox"/> Office</p>	<p><b>8</b> Name _____ <input type="checkbox"/> Veg. Meal</p> <p>Address _____ City _____</p> <p>State _____ Zip _____ Phone _____</p> <p>Email _____ <input type="checkbox"/> Cell <input type="checkbox"/> Office</p>
<p><b>9</b> Name _____ <input type="checkbox"/> Veg. Meal</p> <p>Address _____ City _____</p> <p>State _____ Zip _____ Phone _____</p> <p>Email _____ <input type="checkbox"/> Cell <input type="checkbox"/> Office</p>	<p><b>10</b> Name _____ <input type="checkbox"/> Veg. Meal</p> <p>Address _____ City _____</p> <p>State _____ Zip _____ Phone _____</p> <p>Email _____ <input type="checkbox"/> Cell <input type="checkbox"/> Office</p>

\* Veg. Meal is also gluten-free.