

The following guests will be seated at my table (ten per table):
We MUST have at least a name and cellphone number to register your guests

1. NAME(S) _____ CELL PHONE _____
EMAIL _____ MEAL ___ DUAL MEAT (GF) ___ VEGETARIAN/VEGAN (GF)
ADDRESS _____
CITY _____ STATE _____ ZIP _____
2. NAME(S) _____ CELL PHONE _____
EMAIL _____ MEAL ___ DUAL MEAT (GF) ___ VEGETARIAN/VEGAN (GF)
ADDRESS _____
CITY _____ STATE _____ ZIP _____
3. NAME(S) _____ CELL PHONE _____
EMAIL _____ MEAL ___ DUAL MEAT (GF) ___ VEGETARIAN/VEGAN (GF)
ADDRESS _____
CITY _____ STATE _____ ZIP _____
4. NAME(S) _____ CELL PHONE _____
EMAIL _____ MEAL ___ DUAL MEAT (GF) ___ VEGETARIAN/VEGAN (GF)
ADDRESS _____
CITY _____ STATE _____ ZIP _____
5. NAME(S) _____ CELL PHONE _____
EMAIL _____ MEAL ___ DUAL MEAT (GF) ___ VEGETARIAN/VEGAN (GF)
ADDRESS _____
CITY _____ STATE _____ ZIP _____
6. NAME(S) _____ CELL PHONE _____
EMAIL _____ MEAL ___ DUAL MEAT (GF) ___ VEGETARIAN/VEGAN (GF)
ADDRESS _____
CITY _____ STATE _____ ZIP _____
7. NAME(S) _____ CELL PHONE _____
EMAIL _____ MEAL ___ DUAL MEAT (GF) ___ VEGETARIAN/VEGAN (GF)
ADDRESS _____
CITY _____ STATE _____ ZIP _____
8. NAME(S) _____ CELL PHONE _____
EMAIL _____ MEAL ___ DUAL MEAT (GF) ___ VEGETARIAN/VEGAN (GF)
ADDRESS _____
CITY _____ STATE _____ ZIP _____

Please contact Makaela Wilkie with any questions at mwilkie@elifenetwork.com or (719) 355-1188

9. NAME(S) _____ CELL PHONE _____
EMAIL _____ MEAL ___ DUAL MEAT (GF) ___ VEGETARIAN/VEGAN (GF) _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

10. NAME(S) _____ CELL PHONE _____
EMAIL _____ MEAL ___ DUAL MEAT (GF) ___ VEGETARIAN/VEGAN (GF) _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

IF YOUR GUESTS HAVE ANY SPECIAL REQUIREMENTS/DIETARY NEEDS, PLEASE LIST THOSE BELOW:

NAME(S) _____ NEED(S) _____

NAME(S) _____ NEED(S) _____