

2017 GUEST ROSTER FORM

HOST/HOSTESS NAME

TOTAL # AT YOUR TABLE ______

ROLE

| (host, co-host or guest) | LAST NAME | FIRST NAME | ADDRESS | TELEPHONE | EMAIL |
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PREFERRED TABLE SET-UP DATE: Friday, Sept. 29, 2-5PM _____ Saturday, Sept. 30, 10am-noon _____

Please be sure to include host/hostess and spouse(s) in the above list of table guests.

NOTE: You can fill out this form electronically on the Table Host Website: anchorcenter.org/onlinerosterform

Otherwise, please email this completed form to <u>Sunset2017@anchorcenter.org</u>, fax to 303.377.9744 or mail to 2550 Roslyn Street, Denver, CO 80238 by Thursday, August 31st.