



2018 GUEST ROSTER FORM

HOST/HOSTESS NAME _____

TOTAL # AT YOUR TABLE _____

ROLE

(host, co-host
or guest)

ROLE	LAST NAME	FIRST NAME	ADDRESS	TELEPHONE	EMAIL

Please let us know when you will be on-site to set up your table: Friday, Sept. 21, 1-5PM _____ Saturday, Sept. 22, 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: www.anchorcenter.org/onlinerosterform

Otherwise, please email this completed form to swippel@anchorcenter.org, fax to 303.377.9744 or mail to 2550 Roslyn Street, Denver, CO 80238 by **Friday, August 24th.**