

# Confirmed Guest List

Due: March 2, 2020 (or sooner!)

Table Captain Name: \_\_\_\_\_

To ensure a positive experience for you and all your guests please use this form to let us know who will be sitting at your table (yourself, plus nine confirmed guests). Completed contact information is very important! Please provide full addresses, phone numbers and emails even if you think we have them. Thank you for being thorough and prompt.

Guest Name	Home Address	Email Address
1.		
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 **no later than Monday, March 16**

Send photo or PDF of list to [rsvp@westsidebaby.org](mailto:rsvp@westsidebaby.org) by March 11