



Table Host Name Guest List

Guest invitations will be provided/mailed to your guests by: \_\_\_ You  
\_\_\_ Colorado Christian Services. Your list will be due to us by October 4, 2021 to ensure your guests receive timely information.

Please provide full information for each of your guests, including yourself. This information will be used to create guest's name tag, seating assignment at your table, auction paddle number, door prize registration and potential donation receipt. Your table will accommodate 10 total guests including yourself.

First Name _____ Last Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone _____ Email _____	1	First Name _____ Last Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone _____ Email _____	2
First Name _____ Last Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone _____ Email _____	3	First Name _____ Last Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone _____ Email _____	4
First Name _____ Last Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone _____ Email _____	5	First Name _____ Last Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone _____ Email _____	6
First Name _____ Last Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone _____ Email _____	7	First Name _____ Last Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone _____ Email _____	8
First Name _____ Last Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone _____ Email _____	9	First Name _____ Last Name _____ Street Address _____ City _____ State _____ Zip Code _____ Phone _____ Email _____	10

**You may provide your guest list to Colorado Christian Services in three convenient ways:**

Complete the online digital form at: [www.ChristianServices.org/GuestList](http://www.ChristianServices.org/GuestList)

Use this fillable form, complete it, save it, and email the completed PDF document to: [Events@ChristianServices.org](mailto:Events@ChristianServices.org)

Complete this fillable form, print it and mail the printed copy to:

Colorado Christian Services, Annual Adoption Benefit, 3959 E. Arapahoe Road, Suite 200, Centennial, CO 80122