Event Guest List

Woman to Woman 2010

| Table Captain's Name: | | |
|---|--------------|---------------|
| Name for Table Sign: | | |
| Preferred Phone: | | |
| E-mail: | | |
| Address: | | |
| City: | State:Zip | Code: |
| Table captain meal preference: Standard | ∪ Vegetarian | Special Diet: |

Please complete the following table with your guest information

- Full-tables are set for 10 guests and half-tables are set for 5 guests
 - o If you have empty seats that you plan on filling, please put "TBD" in the guest name row
 - o If you have empty seats that you do not plan on filling, please put a "X" in guest name row

| Guest name | e-mail | Meal preference |
|------------|--------|-----------------|
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| 8. | | |
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| 9. | | |

Due by September 24th, 2010

Fax completed guest lists to 614.224.0613

Additional details, including a table captain resource page can be found at www.ywcacolumbus.org. If you have guest list questions, please contact Kelli Porter at 614.627.1224 or kporter@ywcacolumbus.org.