

# RSVP Form

(PLEASE PRINT CLEARLY or TYPE)

**Deadline: Wednesday, November 20, 2024**

We would like to ensure that all feel welcome at the Appreciation Dinner.  
If your guests have any physical or cognitive disabilities or food allergies,  
please contact us so that we may discuss individual accessibility needs and food options.

**Name of Parish/School/Campus Ministry:** \_\_\_\_\_

**Group Leader Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Group Leader Email:** \_\_\_\_\_

☐ **General Seating Reservation**      ☐ **Table Reservation**      ☐ **Combo Reservation**

We are limiting attendance to 500 guests.  
Please include first and last name of each guest.

If your guest needs a gluten free or vegetarian meal, please include that next to their name.

Table A

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

Table C

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

Table B

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

Table D

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_