

# Table Host Reservation



Due April 2.

Complete form here (both sides) or online at  
[nebraskafca.org/events/legacy-banquets](http://nebraskafca.org/events/legacy-banquets)

Table Host \_\_\_\_\_

Table Host Spouse/Guest \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Guest #1 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Guest #2 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Guest #3 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Guest #4 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Guest #5 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Guest #6 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

(over)

# Table Host Reservation

part 2

Guest #7 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Guest #8 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Tickets will be mailed to you and your guests.**

### Payment

◇ I have already paid for my table.

◇ I have enclosed my payment of \$350  
(payable to Fellowship of Christian Athletes)  
Or credit card information below

Card number \_\_\_\_\_

Expiration \_\_\_\_\_

Signature \_\_\_\_\_

◇ I will make payment at the banquet.

Please return payment and form to:

FCA Legacy Banquet

PO Box 83671 Lincoln NE 68501

Contact Shawna Baker, Event Coordinator, for ques-  
tions at 402.525.5161 or sbaker@talentplus.com

