

Table Host Reservation



Due **February 20**. Complete form here (both sides) or online at 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 _____

Table Host Reservation



part 2

Ticket distribution preferences

- ◇ Please send me my two tickets and mail tickets to my guests.
- ◇ Please send me all 8 tickets and I will distribute the tickets personally.

Payment

- ◇ I have already paid for my table.
- ◇ I have enclosed my payment of \$250 (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: Michele Brown
1616 - 30th Ave Kearney NE 68845

Contact Michele for questions at 308.293.7930 or
mbrown@churchdevelopment.net

