



celebration of hope

to benefit the **liz logelin** foundation

Table of 10 Ticket Registration 10 for \$700

Contact Person: _____ Phone: _____
Email: _____
Address: _____

Please fill out the following information completely

Guest 2: _____ Phone: _____
Email: _____
Address: _____

Guest 3: _____ Phone: _____
Email: _____
Address: _____

Guest 4: _____ Phone: _____
Email: _____
Address: _____

Guest 5: _____ Phone: _____
Email: _____
Address: _____

Guest 6: _____ Phone: _____
Email: _____
Address: _____

Guest 7: _____ Phone: _____
Email: _____
Address: _____

Guest 8: _____ Phone: _____
Email: _____
Address: _____

Guest 9: _____ Phone: _____
Email: _____
Address: _____

Guest 10: _____ Phone: _____
Email: _____
Address: _____

Please send completed forms to Rachel Engebretson at: rachel@thelizlogelinfoundation.org
Payments will be collected *after* the form is received. Thank you!