

# Guest Information

Name: \_\_\_\_\_

Business Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Cellphone Number: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Write your name and that of your guest(s) and check off the correct Box Color of the desired meal choice for each Guest.

PURPLE = CHICKEN

ORANGE = VEGETABLE WELLINGTON

BLUE = FRUIT PLATTER

Self:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guest 2:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guest 3:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guest 4:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guest 5:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guest 6:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guest 7:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guest 8:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guest 9:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>