



GRACE GALA

angels among us

Contact Name: _____

Business Name: _____

GUEST INFORMATION

Name	Address	City/State	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Thank you for your support!

GRACE GALA GUEST REGISTRATION INFORMATION

Fax: (817) 764-6364

Attention: Alison Babb