Human Life Services 2024 Banquet Sponsorship



Phone #_____

RSVP by: September 12, 2024

2024 Banquet Table Host Guest List

Please print the full name and address for each person separately.
Mail by Friday, Sept 12, 2024 to Human Life Services, 742 S. George St., York, PA 17401

Name_____

or scan and email to HLS@Humanlifeservices.org. (Remember to provide this information as soon as possible if you want your guests to receive an invitation from us!)

If you have not sent this information by September 12, please call Jane or Heather at (717) 854-7615.

**Please indicate if one of your guests has a special need (dietary/wheelchair, etc.)

HOST Name:				Guest Name:			
Phone: Dieta		ary/Physical Needs		Phone:]	Dietary/Physical Needs	
Address:				Address:	,		
City,		St	ZIP	City:		ST	ZIP
Guest Name:				Guest Name:			
Phone:	Dieta	ry/Physical N	Needs	Phone:]	Dietary/Phys	sical Needs
Address:				Address:			
City:		ST	ZIP	City:		ST	ZIP
	l l						
Guest Name:				Guest Name:			
Guest Name: Phone:	Dieta	ry/Physical N	Needs	Guest Name: Phone:	1	I Dietary/Phys	sical Needs
	Dieta	ry/Physical N	Needs]	Dietary/Phys	sical Needs
Phone:	Dieta	ry/Physical N	Needs	Phone:]	Dietary/Phys	sical Needs
Phone: Address:		ST	ZIP	Phone: Address:			
Phone: Address: City:			ZIP	Phone: Address: City:			ZIP
Phone: Address: City: Guest Name:		ST	ZIP	Phone: Address: City: Guest Name:		ST	ZIP