

2015 CONVENTION BANQUET GUEST LIST

Branch No. \_\_\_\_\_ City \_\_\_\_\_

**\*\* ONLY LIST NON-DELEGATES ATTENDING THE BANQUET\*\***  
**NO REFUNDS AFTER SEPTEMBER 4, 2015.**  
**ON THE BACK OF THIS FORM, PLEASE LIST NON-DELEGATES**  
**WHO ARE NOT ATTENDING THE BANQUET.**

Name:

Amount Paid:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

Please indicate **with names** the days guests will arrive at the hotel. Thank you.

**Thursday, September 3<sup>rd</sup>,** \_\_\_\_\_

**Friday, September 4<sup>th</sup>,** \_\_\_\_\_

**Please list the names of those who would be willing to work Friday Registration:**

\_\_\_\_\_

**Instructions:** The cost for the Saturday Banquet is \$65.00 per person.

**Deadline is July 31<sup>st</sup>** to assure seating with your Branch Delegates. Reservations received after July 31<sup>st</sup> will be subject to available tables only. Please collect all monies due and write one check. Mail this form with the payment to: Italian Catholic Federation, 8393 Capwell Drive, #110, Oakland, CA 94621.

Br. Check No. \_\_\_\_\_ No. of Guests \_\_\_\_\_ X \$65.00 = \$ \_\_\_\_\_

2015 CONVENTION GUEST LIST

**PLEASE LIST NON-DELEGATES WHO ARE NOT ATTENDING THE BANQUET, SO WE CAN MAKE THEM GUEST BADGES AS WELL.**  
**FOR ANY CHILDREN UNDER THE AGE OF 18 WHO ARE ATTENDING, PLEASE LIST THEIR AGES BY THEIR NAMES.**

Name:

Date of Arrival:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

***Please list the names of those who would be willing to work Friday Registration:***

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