

Advent by Candlelight

RESERVATION FORM

Space is limited. Reservations will be made in the order reservation forms are received. Please register as soon as possible to guarantee your seat. Reservation is required to attend. Due to the nature of this event, we cannot accept walk-ins.

Option 1: Individual Reservation

I want to be included in this beautiful night.
I understand I will be placed at a table with new friends.

Your Name: _____

Phone Number: _____

Email Address: _____

Your table hostess will contact you about dinner plans for your table.

Option 2: Table Reservation

I want to assemble and reserve a table for my friends and family.
(Maximum 8 people per table, including hostess)

Your Name: _____

Phone Number: _____

Email Address: _____

Please turn in your reservation form ASAP. If you know your guest list, please include it below. However, if you are still inviting people, your complete table guest list is due before Thanksgiving (November 23).

1. (Hostess) _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

I have room at my table and would be happy to host other guests at my table.
Number of seats available: _____

**Please return your form to the Parish Office, drop it in the collection basket,
or email it to stewardship@stjosephwamo.org**