*Visions* Gala – **Gold Sponsor: Guest Details Template**

Instructions:

Please fill in the below grid (or copy and paste into an email) and send to [Rachel.Lee2@islandhealth.ca](mailto:Rachel.Lee2@islandhealth.ca) before October 18th, 2024

Filling in the grid below will help us get important information to your guests – such as arrival times, parking instructions, etc. – as well as accommodate any dietary restrictions they may have, register them for our online auctions, send applicable tax receipts, and make sure they get access to our post-event online photo gallery.

If you are still finalizing your guest list, or something changes leading into the event, please feel free to send us new names as they are confirmed. If you don’t have all the information, such as dietary allergies, please provide what you can and we can follow up with them directly.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Seat #** | **First** | **Last** | **Dietary** | **Email** | **Address** | **Phone Number** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |

*Please let us know if you intend to purchase additional tickets to complete a table (10 tickets total) or if you would like to request to be seated with other guests attending Visions. We will do our best to accommodate.*