



Canton - Minerva - Lisbon

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For Office Use Only: Table # ____

Guest list Received ____
Table Number Assigned ____
Table Number Confirmed ____

**Table Host Guest List Form (Minerva Banquet -3/10/16)
To be used by Table Hosts**

Include full address for each guest. Please list spouses separately. Feel free to invite more than one complete table (8) of guests, but let us know of those additions at least one week before the dinner. Complete and return form by February 25th.
NOTE: Tables are assigned in order of when the guest list is received.

Host Name: _____
Address _____
City _____ Zip _____
Phone _____

Name: _____
Address _____
City _____ Zip _____
Phone _____

Name: _____
Address _____
City _____ Zip _____
Phone _____

Name: _____
Address _____
City _____ Zip _____
Phone _____

Name: _____
Address _____
City _____ Zip _____
Phone _____

Name: _____
Address _____
City _____ Zip _____
Phone _____

Name: _____
Address _____
City _____ Zip _____
Phone _____

Name: _____
Address _____
City _____ Zip _____
Phone _____