



Guest's Name	Address	Phone or Email	Coming?	
_____	_____	_____	yes	no
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	yes	no
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	yes	no
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	yes	no
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	yes	no
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

