



9TH ANNUAL GALA
SPRING *for* **HOPE**

APRIL 12, 2024
WOOLERY MILL
STARTING AT 6PM



GALA REGISTRATION FORM

EVENT REGISTRATION (Guests must be 21 to attend)

Name (please print) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Tickets include one dinner per person. Tables seat 8.

Please reserve _____ tickets at \$130 each.

Total amount _____ x \$130 = \$_____

or a table of 8 for \$1000

TABLE ATTENDEES LIST

GUEST 1:

Name: _____

- Petite Sirloin (GF)
 Eggplant Involtini (GF, VG)

GUEST 2:

Name: _____

- Petite Sirloin (GF)
 Eggplant Involtini (GF, VG)

GUEST 3:

Name: _____

- Petite Sirloin (GF)
 Eggplant Involtini (GF, VG)

GUEST 4:

Name: _____

- Petite Sirloin (GF)
 Eggplant Involtini (GF, VG)

GUEST 5:

Name: _____

- Petite Sirloin (GF)
 Eggplant Involtini (GF, VG)

GUEST 6:

Name: _____

- Petite Sirloin (GF)
 Eggplant Involtini (GF, VG)

GUEST 7:

Name: _____

- Petite Sirloin (GF)
 Eggplant Involtini (GF, VG)

GUEST 8:

Name: _____

- Petite Sirloin (GF)
 Eggplant Involtini (GF, VG)

PLEASE SEAT ME AT THE TABLE OF: _____

PAYMENT

Check enclosed (payable to **NEW HOPE FOR FAMILIES**)

Paid Online at newhope4families.org/gala

Please complete all information by March 20, 2024.
Return to New Hope for Families, PO Box 154, Bloomington, IN 47402
or by email to gala@newhope4families.org

THANK YOU!

