



Table Seating Preference Form

Please fill out the following table assignment sheet with your name and the complete names of your friends that you would like to sit with at your table. Turn this form into Ms. Sirockman in Room z204 or Office A NO LATER THAN **Friday, April 26th, 2019.**

Please ONLY turn in ONE table seating preference sheet per table. Please ONLY turn in this sheet if you have a FULL table of 10 people. (You + 4 of your friends). We can only accommodate full tables of 10 people. We will do our best to honor your seating requests, but there is not a 100% guarantee that you will be able to sit with those that you requested below. Thank you for your understanding☺

PLEASE PRINT

1. _____ (Your name)
2. _____
3. _____
4. _____
5. _____

*******Please indicate next to each name if you or your guest are receiving a Gluten Free meal, Vegan or Vegetarian meal.**