Advanced Table Seating

We know that many of you are traveling together or plan to meet friends from all over the world at the Houseparty and would like to sit together for the meal functions. It is our goal to accommodate your seating preferences. When you fill out this form, please be sure that everyone you list agrees to this arrangement and that no one is part of another seating group. **Please send only one form per group.** The maximum number is 10 per table; however you do not have to fill a complete table. **One of the 10 spaces will be designated for the hostess.** You may choose your own table hostess by having the hostess complete the Table Hostess Form and by indicating that she would like to be the hostess for your group. Otherwise, a hostess will be provided for each table. If you have no seating preference, please indicate that on this form or there will be on-site seating registration where you can choose a table that still has available spaces once you arrive.

The Saturday Night Table Favors and Gift Exchange have become a tradition. The **Table Favors** should have an approximate value of $3 to $5. If you wish to participate, you should bring one favor for each of the 9 other people at your table. If everyone at your table participates, you will receive 9 favors in return. The **Gift Exchange** items should be valued at approximately $10 to $15. You bring only one exchange gift. If you bring a gift, you will receive a gift. Both exchanges are entirely optional.

Please return this form **by February 16, 2018**, to:

Jennifer McCracken
426 Barker Lane East
Berea, Kentucky 40403
Jennifer.mccracken@ky.gov or jenimini@windstream.net
859-200-6535

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Advanced Table Seating Request Form

Please PRINT names, including your own.

Seat 1 Hostess/Host _____ Seat 6 _____

Seat 2 _____ Seat 7 _____

Seat 3 _____ Seat 8 _____

Seat 4 _____ Seat 9 _____

Seat 5 _____ Seat 10 _____

Physical Limitations or Food Allergies _____

Table Type (**check only one**): No Exchange ___ 1/144"Scale ___ 1/4" Scale ___ 1/2" Scale ___ 1" Scale ____
No preference ____

Name_____ Email_____

Street Address_____ Phone(_____) _____

City_____ State _____ Zip_____ Cell (_____)_____