2014 Growing The Dream Luncheon

Table Host Responsibilities

The 2014 *Growing The Dream* Luncheon will take place on **Saturday, January 18, 2014 at Johnson C. Smith University.** The program will begin at 12 noon and will end at 2:00 p.m. Seating will begin at 11:45 a.m.

- *There is **no charge** to be a table host or guest.*

- Each table host is responsible for bringing **nine guests** whom you would feel would be supportive of Growing The Dream for a total of ten people per table (one table host and nine guests).

- *You will likely need to invite more than nine people to ensure that your table will be full. A personal invitation should be followed with a written or e-mail reminder. A phone call should be made to all your guests 24 to 48 hours prior to the event.*

- If more than nine of your invited guests attend, we will have seating available.

- *Please plan to return the attached Table Host Guest List by Friday, January 3, 2014. You may e-mail your list to Gloria.hamilton@cms.k12.nc.us*

- Please arrive at the event by **11:30 a.m.** to greet your guests.

  Please direct all questions to Carlenia Ivory at 704.712.4402 or via email at Carlenia.ivory@cms.k12.nc.us

Thank you for serving as a table host. Your support will make the 2014 Growing The Dream Luncheon a success.

2014 Growing The Dream Luncheon
Table Host Guest List

Table Host
Name:_____
Phone #:_____
Address:_____

_____
City, State:_____
Zip:_____ Email:_____

Guest #1
Name:_____
Phone #:_____
Address:_____

_____
City, State:_____
Zip:_____ Email:_____

Guest #2
Name:_____
Phone #:_____
Address:_____

_____
City, State:_____
Zip:_____ Email:_____

Guest #3
Name:_____
Phone #:_____
Address:_____

_____
City, State:_____
Zip:_____ Email:_____

Guest #4
Name:_____
Phone #:_____
Address:_____

_____
City, State:_____
Zip:_____ Email:_____

Guest #5
Name:_____
Phone #:_____
Address:_____

_____
City, State:_____
Zip:_____ Email:_____

Guest #6
Name:_____
Phone #:_____
Address:_____

_____
City, State:_____
Zip:_____ Email:_____

Guest #7
Name:_____
Phone #:_____
Address:_____

_____
City, State:_____
Zip:_____ Email:_____

Guest #8
Name:_____
Phone #:_____
Address:_____

_____
City, State:_____
Zip:_____ Email:_____

Guest #9
Name:_____
Phone #:_____
Address:_____

_____
City, State:_____
Zip:_____ Email:_____

Please return this completed form to Carlenia Ivory by January 3, 2014.
800 Everett Place • Carlenia.ivory@cms.k12.nc.us • Fax: 980-343-2142