2019 Distinguished Alumnus Gala
Head Table Form

Head Table Seating – We are pleased to provide you with a complimentary table that will seat you and NINE (9) guests. Please complete the form below and return to Lisa Ashorn no later than Monday, May 1, 2019.

Distinguished Alumnus Name:______________________________________________

GUEST 1
Mr./Mrs./Ms./Dr.
Name:______________________________________________
TAMU Class Year:________
Relationship to Distinguished Alumnus:_________________________________________
Mailing Address: _____________________________________________________________
City, State and Zip: ____________________________________________________________
Email: _________________________________________Cell Phone:_____________________
Minor YES/NO Age: ______
Dietary Needs: ________________________________________________________________

GUEST 2
Mr./Mrs./Ms./Dr.
Name:______________________________________________
TAMU Class Year:________
Relationship to Distinguished Alumnus:_________________________________________
Mailing Address: _____________________________________________________________
City, State and Zip: ____________________________________________________________
Email: _________________________________________Cell Phone:_____________________
Minor YES/NO Age: ______
Dietary Needs: ________________________________________________________________
GUEST 3
Mr./Mrs./Ms./Dr.
Name: ________________________________________________________________
TAMU Class Year: __________
Relationship to Distinguished Alumnus: ____________________________________________
Mailing Address: ________________________________________________________________
City, State and Zip: ______________________________________________________________
Email: __________________________ Cell Phone: __________________________
Minor YES/NO Age: ______
Dietary Needs: _________________________________________________________________

GUEST 4
Mr./Mrs./Ms./Dr.
Name: ________________________________________________________________
TAMU Class Year: __________
Relationship to Distinguished Alumnus: ____________________________________________
Mailing Address: ________________________________________________________________
City, State and Zip: ______________________________________________________________
Email: __________________________ Cell Phone: __________________________
Minor YES/NO Age: ______
Dietary Needs: _________________________________________________________________

GUEST 5
Mr./Mrs./Ms./Dr.
Name: ________________________________________________________________
TAMU Class Year: __________
Relationship to Distinguished Alumnus: ____________________________________________
Mailing Address: ________________________________________________________________
City, State and Zip: ______________________________________________________________
Email: __________________________ Cell Phone: __________________________
Minor YES/NO Age: ______
Dietary Needs: _________________________________________________________________
GUEST 6
Mr./Mrs./Ms./Dr.
Name:________________________________________________________________________
TAMU Class Year:__________
Relationship to Distinguished Alumnus: _____________________________________________
Mailing Address: ________________________________________________________________
City, State and Zip: ______________________________________________________________
Email: ___________________________Cell Phone: ___________________________
Minor YES/NO Age: ______
Dietary Needs: _________________________________________________________________

GUEST 7
Mr./Mrs./Ms./Dr.
Name:________________________________________________________________________
TAMU Class Year:__________
Relationship to Distinguished Alumnus: _____________________________________________
Mailing Address: ________________________________________________________________
City, State and Zip: ______________________________________________________________
Email: ___________________________Cell Phone: ___________________________
Minor YES/NO Age: ______
Dietary Needs: _________________________________________________________________

GUEST 8
Mr./Mrs./Ms./Dr.
Name:________________________________________________________________________
TAMU Class Year:__________
Relationship to Distinguished Alumnus: _____________________________________________
Mailing Address: ________________________________________________________________
City, State and Zip: ______________________________________________________________
Email: ___________________________Cell Phone: ___________________________
Minor YES/NO Age: ______
Dietary Needs: _________________________________________________________________
GUEST 9

Mr./Mrs./Ms./Dr.

Name:________________________________________________________________________

TAMU Class Year:________

Relationship to Distinguished Alumnus: ________________________________

Mailing Address: _________________________________________________________

City, State and Zip: _________________________________________________________

Email: ________________________________ Cell Phone: __________________________

Minor YES/NO Age: ______

Dietary Needs: _____________________________________________________________

Please complete and submit to Lisa Ashorn no later than Monday, May 1, 2019. The Association of Former Students, 505 George Bush Drive, College Station, TX 77840 LAshorn@AggieNetwork.com