

REGISTER ONLINE:



Please complete this form with the full name & company. We also require an email and mobile phone number of each attendee for smart bidding and tax receipts.

HomeAid is a 501c(3) non-profit organization.

Federal Tax Id: 30-0089379

For any questions please contact:

Julianna Blaylock jblaylock@homeaidncr.org Direct: 703-953-3529

TABLE CAPTAIN GUEST LIST

Kindly email completed forms to: jblaylock@homeaidncr.org no later than Friday, November 3, 2023.

Table Captain Company:	
Table Captain Address:	
1. Name:	Guest 1 & 2 will
Company:	share a paddle.
Email:	Mobile Phone:
2. Name:	
Company:	
Email:	Mobile Phone:
3. Name:	Guest 3 & 4 will
Company:	share a paddle.
Email:	Mobile Phone:
4. Name:	
Company:	
Email:	Mobile Phone:
5. Name:	Guest 5 & 6 will
Company:	share a paddle.
Email:	Mobile Phone:
6. Name:	
Company:	
Email:	Mobile Phone:
7. Name:	Guest 7 & 8 will
Company:	share a paddle.
Email:	Mobile Phone:
8. Name:	
Company:	
Email:	Mobile Phone:
9. Name:	Guest 9 & 10 will
Company:	share a paddle.
Email:	Mobile Phone:
10. Name:	
Company:	
Email:	Mobile Phone:

Please indicate Vegetarian Meal choice after last name with a "V"



REGISTRATION FORM

Register Online:



COMPANY INFO:

Company Name:	
Contact Name/Title:	
Address:	
Phone:Email:	
Table of 10: x \$3,000 = \$	
ndividual Registration:x \$350 = \$	Total due: = \$
PAYMENT:	
☐ Check (Payable to HomeAid National Capital Region)	OR □ Visa □ MasterCard □ AMEX □ Discover
Card #:	
Security/CVC #:	Exp. Date:
Cardholder's Name:	
Cardholder's Address:	
City:	State:Zip:
Signature: (required)	

Please return this completed form to HomeAid National Capital Region, 3684 Centerview Dr., Suite 110B, Chantilly, VA, 20151
Contact Julianna Blaylock at 703-953-3529 or jblaylock@homeaidncr.org with questions.