

# Guest Details Grid

Please fill in the below grid (or copy and paste into an email) and send to [Visions@islandhealth.ca](mailto:Visions@islandhealth.ca) before October 27, 2025.

If you are still finalizing your guest list, or something changes leading into the event, please feel free to send us new names as they are confirmed. If you don't have all the information, such as dietary allergies, please provide what you can and advise if you would prefer that our team follow up with them directly. Please fill in the grid based on the number of guests you are inviting. If you have a full table, please fill them in the order you'd like everyone to be seated.

#	First Name	Last Name	Email Address	Phone #	Mailing Address	Allergies/Dietary Restrictions
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Filling in the grid above will help us get important event information to your guests (eg. arrival times, parking instructions, etc.) as well as accommodate any dietary restrictions they may have, register them for our online auctions, send applicable tax receipts, and make sure they get access to our post-event online photo gallery.

VISIONS

# Guest Details Grid cont.

Please fill in the below grid (or copy and paste into an email) and send to [Visions@islandhealth.ca](mailto:Visions@islandhealth.ca) before October 27, 2025.

#	First Name	Last Name	Email Address	Phone #	Mailing Address	Allergies/Dietary Restrictions
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

Filling in the grid above will help us get important event information to your guests (eg. arrival times, parking instructions, etc.) as well as accommodate any dietary restrictions they may have, register them for our online auctions, send applicable tax receipts, and make sure they get access to our post-event online photo gallery.

VISIONS