

GUEST DETAILS

Please fill in the below grid (or copy and paste into an email) and send to MiracleGala@islandhealth.ca before April 24, 2026.

If you are still finalizing your guest list or something changes, please feel free to send us new names as they are confirmed. If you don't have all the information, 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, 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						

Miracle
GALA

