

THE SISTERS OF CHARITY OF NEW YORK  
*2022 Annual Spring Benefit*

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SEATING FORM

Please complete and return this form, along with the accompanying reply card, no later than **April 4, 2022.**

Forms may be sent via e-mail to  
Anne Marie Gardiner at **[amgardiner@scny.org](mailto:amgardiner@scny.org)**.

You may also contact her with any questions or concerns you may have.

**Your Name** \_\_\_\_\_

**Company Name** *(if applicable)* \_\_\_\_\_

**Contact Name** \_\_\_\_\_

**Contact Telephone** (\_\_\_\_\_) \_\_\_\_\_

**Contact Email** \_\_\_\_\_

**Number of Guests Attending** \_\_\_\_\_

*(Please fill out both sides)*

**Please list the names of guests who will be attending with your party below:**

*(Please list by last name first—i.e., Smith, Mary)*

**Special Dietary Needs**  
*(if applicable):*

|           |       |       |
|-----------|-------|-------|
| Guest #1  | _____ | _____ |
| Guest #2  | _____ | _____ |
| Guest #3  | _____ | _____ |
| Guest #4  | _____ | _____ |
| Guest #5  | _____ | _____ |
| Guest #6  | _____ | _____ |
| Guest #7  | _____ | _____ |
| Guest #8  | _____ | _____ |
| Guest #9  | _____ | _____ |
| Guest #10 | _____ | _____ |

**Special Seating Requests or Other Special Needs:**

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