

PLEASE PRINT CLEARLY. IF YOU NEED MORE ROOM PLEASE USE A SEPARATE SHEET OF PAPER.

Please fax or email this guest list to your Agent within the next week.

SHOW DATE	DAY	TIME	HOSTESS NAME	HOSTESS TELEPHONE NO.
ADDRESS (NO. & STREET)			CITY & STATE	ZIP
UndercoverWear Guest Mailing List			AGENT NAME Kim Gaddes	AGENT TELEPHONE NO. 651-455-6657
ADDRESS (NO. & STREET)			CITY & STATE	ZIP EMAIL kim@kimberlyscloset.com
NAME			NAME	NAME
ADDRESS			ADDRESS	ADDRESS
CITY & STATE		ZIP	CITY & STATE	ZIP
NAME			NAME	NAME
ADDRESS			ADDRESS	ADDRESS
CITY & STATE		ZIP	CITY & STATE	ZIP
NAME			NAME	NAME
ADDRESS			ADDRESS	ADDRESS
CITY & STATE		ZIP	CITY & STATE	ZIP
NAME			NAME	NAME
ADDRESS			ADDRESS	ADDRESS
CITY & STATE		ZIP	CITY & STATE	ZIP
NAME			NAME	NAME
ADDRESS			ADDRESS	ADDRESS
CITY & STATE		ZIP	CITY & STATE	ZIP
NAME			NAME	NAME
ADDRESS			ADDRESS	ADDRESS
CITY & STATE		ZIP	CITY & STATE	ZIP
NAME			NAME	NAME
ADDRESS			ADDRESS	ADDRESS
CITY & STATE		ZIP	CITY & STATE	ZIP
NAME			NAME	NAME
ADDRESS			ADDRESS	ADDRESS
CITY & STATE		ZIP	CITY & STATE	ZIP

Please complete this guest list and return it to Kim this week. You may fax it to 651-451-1711 or email the information to kim@kimberlyscloset.com.