

**ANDERSONVILLE THEOLOGICAL SEMINARY**

***ONSITE GRADUATION NUMBER OF  
GUESTS ATTENDING FORM FOR THE  
May 26, 2017 GRADUATION***

**Student's name as you want it to appear in program:**

\_\_\_\_\_

**Email address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Approximate number of guests graduate is bringing to  
graduation: Adults \_\_\_\_\_ Children \_\_\_\_\_**

**Remember you are allowed to bring as many guests as  
you would like.**

**Please remember it is better to overestimate the number  
of guests you will be bringing than to underestimate so  
that ATS will have enough programs for all graduates,  
singers, staff, and guests.**

**Thanks**

**ATS**

**Please email this form to**

**[grades@andersonvilleseminary.com](mailto:grades@andersonvilleseminary.com)**

**Or fax to 1-229-336-7000.**

**You may also mail form to:**

**ATS**

**PO Box 545**

**Camilla, GA 31730**