

Hall of Fame Reservation Form

Return this form by fax, mail or e-mail by October 22 to:
Mike Peura, 8 Fox Glen Ct., Yorkville, IL 60560
Cell: 630-518-5004 • E-mail: mikewwjdmike@aol.com
\$45 per person (\$55 after October 22 if space available)



Name _____ Res. _____

Address _____ Bus. _____

Cell _____ Fax _____

City _____ State _____ Zip Code _____

E-mail _____

Arrival time (include date) _____

of rooms booked at Radisson Hotel: (Friday) _____ (Saturday) _____

_____ I would like to purchase a sponsorship ad.
Please use the back of this sheet for the message or advertisement.

I would like to sit in proximity to _____
(Inductee)

Make checks payable to USSSA Hall of Fame and send to above address.

Seating (table of 8 persons)

Name	E-mail Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Dinner will be a 2 meat entree combination at \$45.
A child's menu of chicken fingers and French fries is available for \$20.