Hall of Fame Reservation Form

Return this form by October 1, to:

Brenda Paulson, 6420 Porter Rd, Rockford, IL 61101
E-mail: ilusssa@t6b.com

Name _____ Date: _____

Address _____

Phone: _____

City_____ State_____ Zip Code _____

E-mail_____

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

Provide names of all attendees - Seating (8 seats per table) children under 12

1)_____	Inductee Free*	
2)_____	☐ Adult $50	☐ Child $20
3)_____	☐ Adult $50	☐ Child $20
4)_____	☐ Adult $50	☐ Child $20
5)_____	☐ Adult $50	☐ Child $20
6)_____	☐ Adult $50	☐ Child $20
7)_____	☐ Adult $50	☐ Child $20
8)_____	☐ Adult $50	☐ Child $20

* Those Inducted into the Hall of Honor as a team or individual is not complimentary.

Total: $_____

Make checks payable to:
USSSA Hall of Fame
c/o Brenda Paulson
6420 Porter Rd
Rockford, IL 61101
($60 after November 1, if space available)

Dinner will be a 2 meat entree combination
A child's menu of chicken fingers and French fries

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

_____ I would like to purchase a sponsorship ad. Contact ilusssa@t6b.com deadline for sponsorship advertisement is September 15,