

PENN HILLS SPORTS HALL OF FAME Induction Banquet Ticket Order Form

Banquet Date: OCTOBER 11, 2025

Please send Tickets a	: \$65.00 each - total \$	(indicate names included in payment below)				
YOUR NAME:						
		ZIP:				
CELL PHONE:	ALTERNATE PHONE:					
EMAIL ADDRESS:						
I am a (please check one):						
□ 2025 <u>Individual</u> Inducted	!					
□ <u>Team</u> Inductee: (specify me	ember name and team)					
□ Past Individual Inductee:	(specify name)					
□ Past Team Inductee: (spec	cify name and team)					
•	- · · · · · · · · · · · · · · · · · · ·	ease specify the inductee name or team for whom you ar				
MAKE CHECKS PAYABLE TO	: Penn Hills Sports HOF					
MAIL PAYMENTS TO: Penr	Hills Sports Hall of Fame - T	ickets, P.O. BOX 614, Washington, PA 15301				

IMPORTANT: Due to an anticipated sellout, ticket requests are processed upon receipt of payment and according to online payment date or postmark on the envelope. We will make every effort to seat individuals/groups together; however, this is not guaranteed unless an entire table (8 to 10 people) is purchased. **Ticket order deadline: SEPTEMBER 26. Tickets are NOT sold at the door.** We apologize for any inconvenience this may cause.

Please specify if you are a vegetarian or if you have a food allergy below and a meal will prepared in kind. Special requests cannot be honored on the night of the event.

<u>Individual</u> inductees all sit at the head table. Family and friends of individual inductees sit at designated tables in the dining room. <u>Team</u> inductee members sit with their family, teammates, and friends at designated table sections in the dining room.

Please identify below, who is to sit at your table(s) AND if your enclosed payment includes them.

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	NAME	Incl'd in pymt	Vegetarian or Food Allergy?		NAME	Incl'd in pymt	Vegetarian or Food Allergy?			
1				6						
2				7						
3				8						
4				9						
5				1 0						