

2017 Racine County Sports Hall of Fame Induction Ceremony Reservation Request Form

Thursday, October 26th
Cocktails 5:45pm - Dinner at 6:30pm
at the Racine Architect Delta Hotel & Conference Center

| Number of attendees in your party: | | |
|---|--|------------------------------------|
| Please provide their names here: | | |
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| If there are additional members of your p | party, please write them in on the back | x of the Reservation Request Form. |
| Please state any dietary restrictions for | members of your party here: | |
| | First, and an area of the state | |
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| Reservation Contact Informa | | |
| Name: | | |
| Phone: | | |
| Email: | | |
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| Payment Method: | | |
| I prefer to pay by: ☐ Check ☐ C | redit Card ☐ PayPal | |
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| Please make checks payable to: Racine H | Heritage Museum Check # | |
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| Card # | Expires | 3-Digit CCV |
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