

**LORAIN SPORTS HALL OF FAME  
BANQUET TICKET RESERVATION FORM**

**GENERAL RESERVED SEATING**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

• Number of Tickets - \_\_\_\_ @ \$35.00 each = \$ \_\_\_\_\_ total

• Seating Group - Check One (1)

Supporter of Enshrinee (Name) - \_\_\_\_\_

Supporter of Uland nominee (Name) - \_\_\_\_\_

Past Enshrinee

Committee Member

Other - \_\_\_\_\_

Special Requests \_\_\_\_\_

**Tickets will be mailed upon receipt of reservation form/payment, payable to Lorain Sports Hall of Fame.**

**Mail reservation/payment to:**

**Lorain Sports Hall of Fame**

**PO Box 723**

**Lorain OH 44052**