



Induction Banquet Registration

YOUR NAME: _____ DATE: _____

EMAIL: _____

CELL PHONE: _____ OTHER: _____

MAILING ADDRESS: _____

NAMES OF PEOPLE REGISTERING FOR THE BANQUET - **COST... \$35 PER PERSON ATTENDING**

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

Number of People Attending: _____ x \$35@ = _____ Total Amount Due

Make checks payable to: SCCPSHOF

Please mail completed form WITH payment to:

Bill Brown, Treasurer
PO BOX 104
Boiling Springs, PA 17007

QUESTIONS: Contact Jim Rich, President
717-439-5961 jimrich3087@yahoo.com