



## Induction Banquet Registration

YOUR NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ OTHER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

NAMES OF PEOPLE REGISTERING FOR THE BANQUET - **COST... \$40 PER PERSON ATTENDING**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_

Number of People Attending: \_\_\_\_\_ x \$40@ = \_\_\_\_\_ 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