

2016 Racine County Sports Hall of Fame Induction Ceremony Reservation Request Form

Thursday, October 27th
Cocktails 5:45pm - Dinner at 6:30pm
at the Delta Racine Architect 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 part	ty, please write them in on the back o	of the Reservation Request Form.
Please state any dietary restrictions for me	mbers of your party here:	
Reservation Contact Informatio		
Phone:		
Email:		
Payment Method:		
I prefer to pay by: ☐ Check ☐ Cred	it Card □ PayPal	
Please make checks payable to: Racine Heri	itage Museum Check #_	
Card #	Expires	_ 3-Digit CCV
Zip Code Signatu	ire	