2024 ASHLAND COUNTY SPORTS HALL OF FAME BANQUET TICKET FORM

NAME TAGS WILL BE YOUR ADMISSION TO THE BANQUET AND WILL INDICATE YOUR TABLE NUMBER. THEY CAN BE PICKED UP IN THE AU MYERS CONVOCATION CENTER LOBBY PRIOR TO THE BANQUET WHICH STARTS AT 6:00 PM.

_	
TOTAL PAID: _	
ENDING AS AN INDIVIDUAL F	PAST HALL OF FAMER:
YEAR IN	IDUCTED:
_ STATE;	ZIP:
	-
SEND FORM WITH CHECK PAYABLE TO: ASHLAND COUNTY SPORTS HALL OF FAME TO: ASHLAND COUNTY SPORTS HALL OF FAME; P.O. BOX 731; ASHLAND, OHIO 44805	
IISSION AND TABLE SEATING.	ID FOR AND WILL BE ATTENDING. Please note by each name if entrée' is chicken for sit-down
	TOTAL PAID: _ ENDING AS AN INDIVIDUAL F YEAR IN YEAR IN STATE; ASHLAND COUNTY SPORTS HA EAME; P.O. BOX 731; ASHLAN E PEOPLE THAT YOU HAVE PA TISSION AND TABLE SEATING.

^{*}ALL REQUESTS MUST BE RECEIVED BY SEPTEMBER 27, 2024