

Newark Athletic Hall of Fame Thirty-First Annual Induction Dinner
Best Western Robert Treat Hotel, 50 Park Place, Newark, NJ 07102
Thursday, October 17, 2019

Ticket Cost: \$85.00 PER PERSON

Please list the full name(s) of all guests that this ticket purchase will encompass:

 A TABLE OF 10 MAY BE RESERVED WITH A FULL-PAGE AD FOR \$1,000

Ticket Purchaser Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Paid Guests (Full Name Please):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total: \$ _____

Although we cannot guarantee seating requests, we will do our best to sit your guests with the person(s) of your choice (ALL HONOREES WILL BE SEATED ON THE DAIS). Please note any such requests below:

☐ Enclosed is my check for \$ _____ payable to **Newark Athletic Hall of Fame**

☐ I cannot attend. Enclosed is my donation of \$ _____

Please return this form with remittance to:

Newark Athletic Hall of Fame
PO Box 3572
Newark, NJ 07103\

Tickets will be mailed to you. Tickets not received by the day of the dinner will be at the Will Call table in the hotel vestibule. For questions regarding tickets, please contact Glynis Sanders at newarkathletichalloffame@gmail.com or 908-875-3822. Deadline is October 5, 2019