Minnesota Amateur Baseball

HALL OF FAME



River's Edge Convention Center, St. Cloud, MN / PO Box 7705 – St. Cloud, MN 56302 www.mnamateurbaseballhof.com - mnbaseballhof@gmail.com

BANQUET ORDER FORM

I/we would like to attend the 61st Annual Minnesota Amateur Baseball Hall of Fame Banquet to be held at the River's Edge Convention Center (10 4th Ave S, St. Cloud) on Saturday September 20, 2025. The social hour begins at 3 pm, with the dinner starting at 5:30 pm. I have enclosed a check or checks of \$ _____ for ____ tickets. Make out checks to the Minnesota Amateur Baseball Hall of Fame. Tickets are \$40 per adult, children under the age of 10 are \$10. Tickets must be ordered before September 1. No tickets will be sold on the day of the banquet. No tickets will be sent without payment. Please print or type the names of those attending. (Please note any special food requirements.) Indicate **HOF** after your name if you are a Hall of Fame Member OR family of a deceased member. Indicate **SB** if you are a State Board Member. HOF/SB HOF/SB Person to receive the tickets: Name: _____ Address: *City, State:* ______, ____ *Zip Code:* ______

Send to: John George, C/O MN Amateur Baseball HOF, PO Box 7705, St. Cloud, MN 56302

Indicate the name of the inductee you represent: _____

(HOF Members: Please write one check for the banquet and a separate check for the raffle.)

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