

Please reserve: \_\_\_\_\_ Seats at \$100.00 per seat \_\_\_\_\_ Table of 10 at \$1,000.00

Guest List: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name/Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Please indicate the method of payment:

Enclosed is a check for \$ \_\_\_\_\_ (Please make checks payable to: Hawai'i Sports Hall of Fame)

Charge my credit card:  Visa  MasterCard

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Signature: \_\_\_\_\_

If you require auxiliary aids and services (i.e. large print, taped materials or sign language interpretation) or modifications (i.e. designated parking), please make your request when calling the R.S.V.P. phone number by the deadline date.

For questions and RSVP, please call 540-5705

**R.S.V.P. by February 16, 2010**