SUN CITY SENIOR SOFTBALL CLUB

and

IN THE OUTFIELD
"a heartline for our softball family"

Sun City Angels in the Outfield

"Celebrate Life" COMMEMORATIVE PAVER REQUEST

Date:_____

Name:_____ **Phone:**_____

E-mail: _____ **Street Address** _____

City/State/ZIP _____

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There is a charge of $50 per paver.

Attach check to this completed form made payable to: Sun City Softball Club.

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PLEASE PRINT – 3 LINES OF TEXT WITH 14 CHARACTERS PER LINE (space counts as a character)

1. ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

2. ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

3. ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

Place your envelope in the white "Paver Mail Box" in the fieldhouse kitchen

OR

Mail to Sun City Angels in the Outfield Paver Chair:

Lynda Hill
10835 W Kelso Dr
Sun City, AZ 85351
(858) 722-7625

Administrative Use Only
Received by: _____
Date received: _____
Date ordered: _____
Date installed: _____