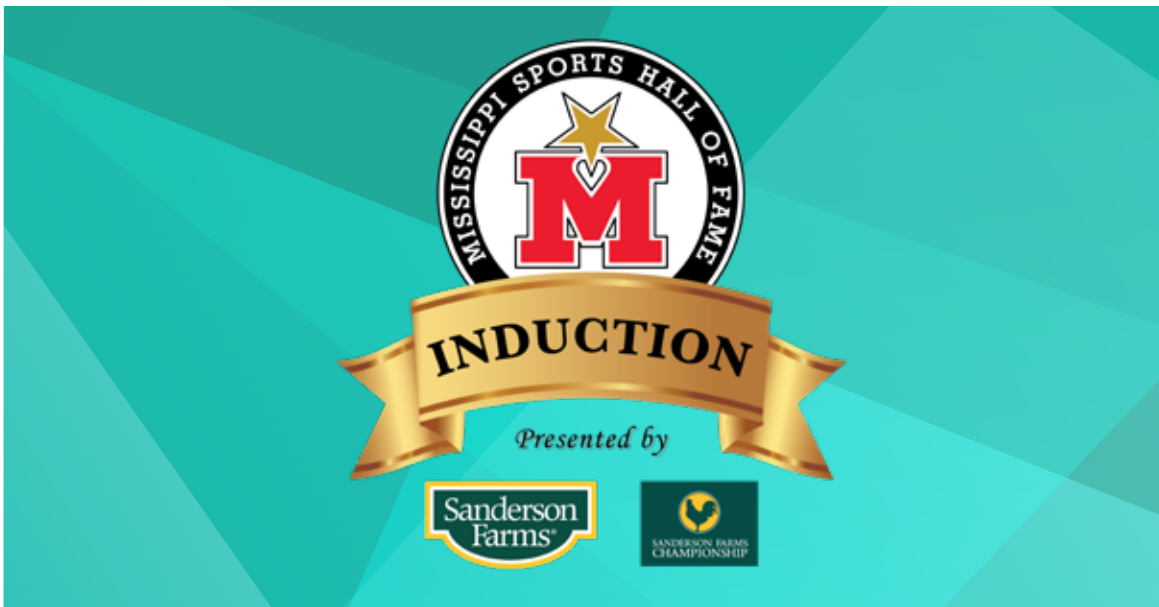
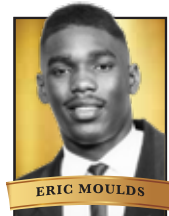
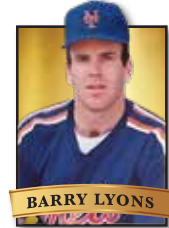
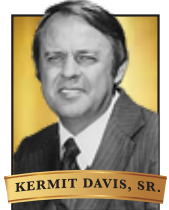


2022 INDUCTEES



WEEKEND EVENTS HONORING THE CLASS OF 2022

JULY 29 – 30, 2022

Drawdown of Champions

Friday, July 29th | 6:00 p.m. – until

Madison Healthplex | 501 Baptist Drive, Madison, MS 39110

Silent Auction | Drawdown for \$5000 Prize | Featured Local Restaurants

PHELPS DUNBAR
LLP



Meet the Inductees

Saturday, July 30th | 10:00 a.m. – 11:30 a.m.

Mississippi Sports Hall of Fame & Museum

Meet the Class of 2022 | Special Appearances from other Hall of Famers

The 59th Annual Induction Banquet

Saturday, July 30th | 5:30 p.m. Ticketed Reception | 7:00 p.m. Program

Jackson Convention Complex

105 E. Pascagoula Street | Jackson, MS

Tickets available at MSFAME.COM | 601-982-8264

MISSISSIPPI SPORTS HALL OF FAME INDUCTION WEEKEND ORDER FORM

Name _____

Business _____

Address _____

City _____ State _____ Zip _____

Phone # _____

E-mail Address _____



I am attending in support of:

- Maggie Bowen Hanna* *Jim Gallagher, Jr.* *Bob Tyler*
 Kermit Davis, Sr. *Barry Lyons* *Willis Wright*
 David Dellucci *Eric Moulds*

FRIDAY ONLY		DRAWDOWN OF CHAMPIONS		
		_____ Individual Ticket(s) \$50 each <i>*Includes entrance to the event and 1 draw towards \$5,000</i>	_____ Extra Draw(s) \$25 each <i>*Available with purchase of Drawdown Ticket Only</i>	
SATURDAY EVENING ONLY		INDUCTION BANQUET		
		_____ Individual(s) \$125 each 1 Banquet/Reception Ticket <i>*\$75 Ticket for 200 Club and Board Members*</i>	_____ Half Table Sponsor \$750 5 Banquet/Reception Tickets	_____ Full Table Sponsor \$1400 10 Banquet/Reception Tickets
ALL EVENTS		FULL WEEKEND PACKAGE		
		_____ Individual Plus \$150 each 1 Banquet/Reception Ticket 1 Drawdown Ticket 1 Meet the Inductees Ticket	_____ Half Table Plus \$875 5 Banquet/Reception Tickets 5 Drawdown Tickets 5 Meet the Inductees Tickets	_____ Full Table Plus \$1650 10 Banquet/Reception Tickets 10 Drawdown Tickets 10 Meet the Inductees Tickets

I am unable to attend but would like to make a contribution to the Museum in the amount of \$_____.

- Enclosed is a check made payable to MSHOF* *Please charge the card below*

TOTAL AMOUNT OWED

\$ _____

VISA/Mastercard _____ CVV _____

Exp. Date _____ Billing Zip Code _____