



Ticket Order Form

September 21, 2025 12:00 noon

Embassy Suites, 5800 Rockside Woods Blvd. N. Independence, OH 44131

To purchase tickets, please complete the lines below by August 28, 2025:

Name: _____

Phone _____ Email _____

I am a: Guest _____ Hall of Fame Inductee _____

In support of Hall of Fame Inductee Recipient name:

Number of tickets: _____ @ \$65 each

Please select your meal choice below.

Chicken _____ Top Sirloin _____ Fish _____ Vegetarian _____

Food allergens?

Additional notes:

To make a donation only, please complete the information below:

Name: _____

I would like to make a donation only of : \$ _____

Please make all checks payable to:

Catholic Charities (Memo Line: CYO)
ATTN: Noelia Springo
7911 Detroit Ave
Cleveland, OH 44102

Contact:

If you have any questions, please contact:
Noelia Springo
Noelia.Springo@ccdacle.org
(216) 334-1261 ext. 14, cell 216-217-6304

