



**17TH INDUCTION BANQUET
SATURDAY, NOVEMBER 8, 2025**

**KENNETT FIRE COMPANY RED CLAY ROOM
423 DALMATION STREET • KENNETT SQUARE, PA 19348 • 610-444-3573**

**5:30 to 6:30 PM Social Hour featuring Hors d’oeuvres & Cash Bar
6:30 PM Dinner and Awards
Cost \$62-Adult; \$25-Children (12 and under)**

The Chester County Sports Hall of Fame Board of Directors is pleased to announce the names of inductees for the Class of 2025. Those being honored:

- | | | |
|---------------------------------|-----------------|---------------|
| Joseph Devlin | Chas McCormick | Joe Walsh |
| Jenny Graap | Matt Ryan | Jason Wingard |
| Ginny Martino | Aamina Thornton | Bill Zwaan |
| 1991 Henderson 4x400 relay team | | |

Please provide an e-mail address and phone number below so we may confirm your reservations. Tickets will not be mailed in advance. Table assignments will be available at check-in. If you wish to sit with or near a specific inductee, please list that person here _____. We will attempt to honor your request.

Along with ordering seat(s) for this event, you also have the opportunity to donate to the Richard B. Yoder Scholarship Fund. These monies fund two annual scholarships which are presented to the finest female and male high school scholar-athletes in Chester County. Additional information on the CCSHOF and the Yoder Scholarship is available on the CCSHOF website at www.chestercountysportshalloffame.com

Questions: contact Pearl Dorsey CCHOF2008@yahoo.com or via phone/text at 610-269-8533. Or Joe Derickson jwderickson@gmail.com

Tickets may be purchased by sending this form along with your check to the address indicated by October 31, 2025. Payments can be made via PayPal or EventBrite.com (convenience fees will apply) and also accepted through the Hall of Fame website

Name _____
Mailing Address _____
City _____ State _____ Zip Code _____
E-Mail _____ Phone _____

**Send to:
CCSHOF
P.O. Box 30
West Chester, PA. 19381-0030**

Entrée Choices: ___ Chicken Marsala ___ Salmon ___ Children (Chicken Fingers) ___ Vegetarian or Gluten Free (circle)

Names of Attendees-Required (Regardless of payment method please complete and return this form.)

For seating purposes, list the names of all persons for whom you are paying and indicate their entrée choice.

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Ticket Reservation(s) ___ @ \$62; ___ @ \$25 \$ _____
Donation to the Richard B. Yoder Scholarship Fund \$ _____
Total Remitted (Make check payable to CCSHOF) \$ _____