



and



Sun City Angels in the Outfield
"Celebrate Life" COMMEMORATIVE PAVER REQUEST

Date: _____

Name: _____

Phone: _____

E-mail: _____

Street Address _____

City/State/ZIP _____

There is a charge of \$50 per paver.

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

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

1. _____

2. _____

3. _____

Place your envelope in the mail slot at the Field House ATTN: Sun City Angels

OR

Mail to Sun City Angels in the Outfield Paver Chair:

**Lynda Hill
10835 W Kelso Dr
Sun City, AZ 85351**

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