

OHIO STAR BALL CHAMPIONSHIPS ROOM LIST FORM

SPECIFY: 2 beds/2 people - D/D
 1 bed/2 people - K
 1 bed/1 person - S

PLEASE MARK WHICH NIGHTS YOU ARE STAYING

| NAME - PLEASE PRINT OR TYPE - | Sun Nov 11 D/D,K,S | Mon Nov 12 D/D,K,S | Tue Nov 13 D/D,K,S | Wed Nov 14 D/D,K,S | Thu Nov 15 D/D,K,S | Fri Nov 16 D/D,K,S | Sat Nov 17 D/D,K,S | Sun Nov 18 D/D,K,S |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ROOM 1 NON SMOKING | | | | | | | | |
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| ROOM 2 NON SMOKING | | | | | | | | |
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| ROOM 3 NON SMOKING | | | | | | | | |
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| ROOM 4 NON SMOKING | | | | | | | | |
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| ROOM 5 NON SMOKING | | | | | | | | |
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| ROOM 6 NON SMOKING | | | | | | | | |
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| ROOM 7 NON SMOKING | | | | | | | | |
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CONFIRMATION ADDRESS:

Studio _____
 Name _____
 Address _____
 City, State, Zip _____
 Telephone number _____
 EMAIL _____

Hotel check-in time: after 3 p.m.
 Hotel check-out time: before 12 noon
 Late check-out available for an extra charge
MAIL PAYMENT TO:
 P. O. BOX 14442
 COLUMBUS, OHIO 43214