

OHIO STAR BALL CHAMPIONSHIPS FOR PACKAGES ONLY - 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 12 D/D,K,S	Mon Nov 13 D/D,K,S	Tue Nov 14 D/D,K,S	Wed Nov 15 D/D,K,S	Thu Nov 16 D/D,K,S	Fri Nov 17 D/D,K,S	Sat Nov 28 D/D,K,S	Sun Nov 19 D/D,K,S
ROOM 1 NON SMOKING								
ROOM 2 NON SMOKING								
ROOM 3 NON SMOKING								
ROOM 4 NON SMOKING								
ROOM 5 NON SMOKING								
ROOM 6 NON SMOKING								
ROOM 7 NON SMOKING								

CONFIRMATION ADDRESS:

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

Hotel check-in time: after 3 p.m.
 Hotel check-out time: before 12 noon
 Late check-out available for an extra charge