

OHIO STAR BALL - REGISTRATION FORM - deadline Oct 7th

STUDIO _____ ATTN _____ ADDRESS _____

E-MAIL _____ PHONE _____ FAX _____

* PLEASE PRINT OR TYPE *

	FULL NAME (one name per line, list roommates on consecutive lines)	ROOM TYPE: S-sgl D-dbl	PKG TYPE AND COST: ex: S/\$1390.	EX.NIGHT DATE/COST @ \$210.00 PER NIGHT	SINGLE DANCES # _____ @\$50.	SOLO EXHIB. ENTRIES	CHAMP/SCHOL ENTRIES	MISC. ENTRIES	TOTAL PER PERSON
1									
2									
3									
4									
5									
6									

CC# _____ CC exp _____ sec _____ Zip _____

There will be an additional 4% for CC payments OR ZELLE ohstarball@aol.com OR mail cashier's check or money order

MAILING ADDRESS: OHIO STAR BALL
P.O. BOX 14442
COLUMBUS, OH 43214

TOTAL FROM THIS PAGE _____
TOTAL FROM BACK PAGE _____
GRAND TOTAL _____

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8									
9									
10									
11									
12									
13									
14									

TOTAL FROM THIS PAGE _____