OHIO STAR BALL CHAMPIONSHIPS
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 15 D/D,K,S	Mon Nov 16 D/D,K,S	Tue Nov 17 D/D,K,S	Wed Nov 18 D/D,K,S	Thu Nov 19 D/D,K,S	Fri Nov 20 D/D,K,S	Sat Nov 21 D/D,K,S	Sun Nov 22 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_____
Email_____

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