

# 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 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 18 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 \_\_\_\_\_  
 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