

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/\$1190.	EX.NIGHT DATE/COST @ \$180.00 PER NIGHT	FREESTYLE ENTRIES # _____ @\$35./40.	SOLO EXHIB. ENTRIES	MISC. ENTRIES	TOTAL PER PERSON
1								
2								
3								
4								
5								
6								
7								

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

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