

OHIO STAR BALL CHAMPIONSHIPS ROOM LIST FORM FOR PACKAGES ONLY

SPECIFY: 2 beds/2 people - D/D
 1 bed/2 people - K
 1 bed/1 person - S

NAME - PLEASE PRINT OR TYPE -		EXTRA Mon NOV 16 D/D,K,S	EXTRA Tue NOV 17 D/D,K,S	NOV Wed-Sun 18-22 D/D,K,S	NOV Thu-Sun 19-22 D/D,K,S	NOV Fri-Sun 20-22 D/D,K,S	NOV Sat-Sun 21-22 D/D,K,S	EXTRA Sun NOV 22 D/D,K,S
ROOM 1	SMOKING/NON							
ROOM 2	SMOKING/NON							
ROOM 3	SMOKING/NON							
ROOM 4	SMOKING/NON							
ROOM 5	SMOKING/NON							
ROOM 6	SMOKING/NON							
ROOM 7	SMOKING/NON							

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