

OHIO STAR BALL - REGISTRATION FORM

STUDIO _____ ATTN _____ ADDRESS _____
 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/\$845.	EX.NIGHT DATE/COST @ \$170.00 PER NIGHT	FREESTYLE ENTRIES # _____ @\$30./35.	SOLO EXHIB. ENTRIES	MISC. ENTRIES	TOTAL PER PERSON
1								
2								
3								
4								
5								
6								
7								

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

E-MAIL _____