



# OHSFSCA 2017 ALL-STATE BANQUET RESERVATION FORM

SUNDAY – JUNE 18, 2017 AT 6:00 PM

Villa Milano Banquet Center  
1630 Schrock Road  
Columbus, Ohio 43229

**COST: ALL PLAYERS ARE THE GUESTS OF THE ASSOCIATION  
\$30.00 PER PERSON FOR THOSE WHO ACCOMPANY THE PLAYERS**

**\*\*\*\* Please RSVP no later than MONDAY, JUNE 12, 2017 \*\*\*\***

**Detach and return bottom portion of this form to:  
OHSFSCA  
Bill Amero, Treasurer  
P.O. Box 5453  
Poland, Ohio 44514**

Make checks payable to: OHSFSCA

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MAIL THIS PART

PLAYER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

C I R C L E	- ▶	ALL OHIO:	1 <sup>ST</sup> TEAM	2 <sup>ND</sup> TEAM	HONORABLE MENTION			
		DISTRICT:	C	E	NE	NW	SE	SW
	▶							

High School: \_\_\_\_\_ DIVISION: I II III IV

Names of others attending: \_\_\_\_\_

Total Number of Reservations (Include Honoree) \_\_\_\_\_

Total Payment @\$30.00 Per dinner (Exclude Honoree) \$ \_\_\_\_\_