



OHSFSCA 2018 ALL-STATE BANQUET RESERVATION FORM

MONDAY – JUNE 18, 2018 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 11, 2018 ******

**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

MAIL THIS PART ----->

PLAYER'S NAME _____ PHONE _____

HOME ADDRESS _____

CITY _____ ZIP _____

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

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) \$ _____