

**MEMBER
BANQUET
FORM**

**OGCA ANNUAL
MEMBER RECOGNITION BANQUET**
Saturday, May 19, 2018, 5:15 PM

In the lobby of The Holiday Inn at the Roberts Centre Complex
123 Gano Rd. Wilmington, OH 45177

Join us for our 2018 Annual Member Recognition Banquet May 19, 2018 in the lobby of the Holiday Inn at the Roberts Centre Complex in Wilmington, OH for an evening of socializing among members, friends and family.

Cocktail hour with *cash* bar will begin at 5:15 PM to start things off before the 6 PM dinner buffet.

MENU: This years buffet selection will take on an elegant Italian flare consisting of Tossed Garden Salad, Seasonal Fruit Salad, Rosemary Herb Redskin Potatoes, Green Beans, Chicken Marsala, Lasagna, and Apple Cobbler for dessert! Afterwards, enjoy the keynote speech, and the Display Show Awards presentation



Holiday Inn Lobby at the Roberts Centre Complex

KEYNOTE: Ashley Hlebinsky, Curator of the Cody Firearms Museum will deliver the keynote address. Hlebinsky manages over 8,000 firearms, ranging from the year 1200 through modern day. She is an international lecturer, holds a masters degree in American History and Museum Studies and spent 3 years researching the Smithsonian's National Firearms Collection. She will also serve as a Display Show Judge.

This casual event will be general seating only, so take the opportunity to sit with and make new friends. Adult dinner - \$25.00 each, Children 6-12 - \$10.00 each, and Children age 5 and under are free. Your dinner ticket will be in the form of a wristband that will be mailed approximately 2 weeks prior to the banquet.

We do expect to sell out. Please return this Form and payment, no later than April 30th, but earlier is better to guarantee a seat.

Tickets ordered _____ Date mailed _____ Check # _____

Retain top portion for your records

Adult Dinner(s) _____ X \$25.00 = _____
 Children age 6-12 _____ X \$10.00 = _____
 Children age 5 and under _____ = no charge
Check/MO/Credit Card Grand Total: \$ _____

Check # _____
 (Payable to OGCA)

OR

Visa, MasterCard or Discover

Card #: _____ EXP. (Mo/Yr) ___/___
 Last 3 Digits (Back of card) _____

Card Holders Name: _____

SIGNATURE _____

Complete and return with payment
no later than April 30th, 2018!
 (Tickets must be reserved in advance.)
 OGCA P. O. Box 670406, Sagamore Hills, OH 44067
 Phone: (330) 467-5733 Fax: (330) 467-5793
 Email: ogca@ogca.com

ALL TICKETS WILL BE MAILED IN CARE OF:

Name: _____
 Member #: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Daytime Phone: _____
 Email: _____

(office use)	Authorization # _____ & Date _____	Date Received in Office _____
	Wristband Tickets: ADULT _____ CHILDREN _____	Akn. Mailed _____