

ANNUAL MEMBER'S RECOGNITION BANQUET

Join us for our 2020 Annual Member Recognition Banquet May 30, 2020 in the lobby of the Holiday Inn at the Roberts Centre Complex in Wilmington, OH for a fun evening among members, friends and family.

Reserve your seat by returning the form below or call the business office at 330-467-5733. Cost is \$25 per adult meal and \$10.00 for Children 6-12, 5 and under are free.

Cocktail hour with a **cash** bar will begin at 5:15 PM to start things off. Dinner will begin promptly at 6 PM with a generous Italian buffet consisting of all your favorites and a delicious dessert!

Highlights of this fun event will include a

presentation by **Ian McCollum**, founder and editor of **Forgotten Weapons**, a website and YouTube video channel. Ian has also graciously agreed to be one of the three judges on the Display Show panel. (See page 3 for information on this world famous collector and historian.)

After the presentation, enjoy and support your fellow member/displays during the Display Show Awards.

This casual event will be general seating only, so take the opportunity to sit with and make new friends. Your dinner ticket will be in the form of a wristband that will be mailed approximately 2 weeks prior to the banquet. Seats are limited and we do

expect to sell out. **Please return the reservation form below to the business office with payment ASAP, but no later than May 8, 2020.**



Ian McCollum, our 2020 keynote banquet speaker, is a rare gun collector who has taught more history than most educational institutions!

Tickets ordered _____ Date mailed _____ Check # _____

Retain top portion for your records

Complete and return with payment no later than **May 8, 2020!** (Tickets must be reserved in advance.) ✂

BANQUET FORM

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 # _____

Visa, MasterCard or Discover

#: _____

EXP. (Mo/Yr) ____/____ Last 3 Digits (CVV Back of card) _____

Card Holders Name: _____

SIGNATURE _____

The banquet is general seating. Come and make new friends!

ALL TICKETS WILL BE MAILED IN CARE OF:

Name: _____

Member #: _____

Address: _____

City: _____

State: _____ Zip: _____

Daytime Phone: _____

Email: _____

Return to:

OGCA P. O. Box 670406, Sagamore Hills, OH 44067

Phone: (330) 467-5733 Fax: (330) 467-5793

Email: ogca@ogca.com

Authorization # _____ & Date _____

Date Received in Office _____

Wristband Tickets: ADULT _____ CHILDREN _____

Akn. Mailed _____