

**OABA Educational Trust
“Bowling for Scholarships”
Committee**

Dan Hines, Chair

Jill Boyd, Morral Companies LLC

Beth McAllister, The Andersons, Inc.

Mark Trenchard, Town & Country Co-op, Inc.

John Henry Ward, ABIS/JH Ward Agency

Eric Winner, Kale Marketing

**Help Support Students in Agribusiness
by**

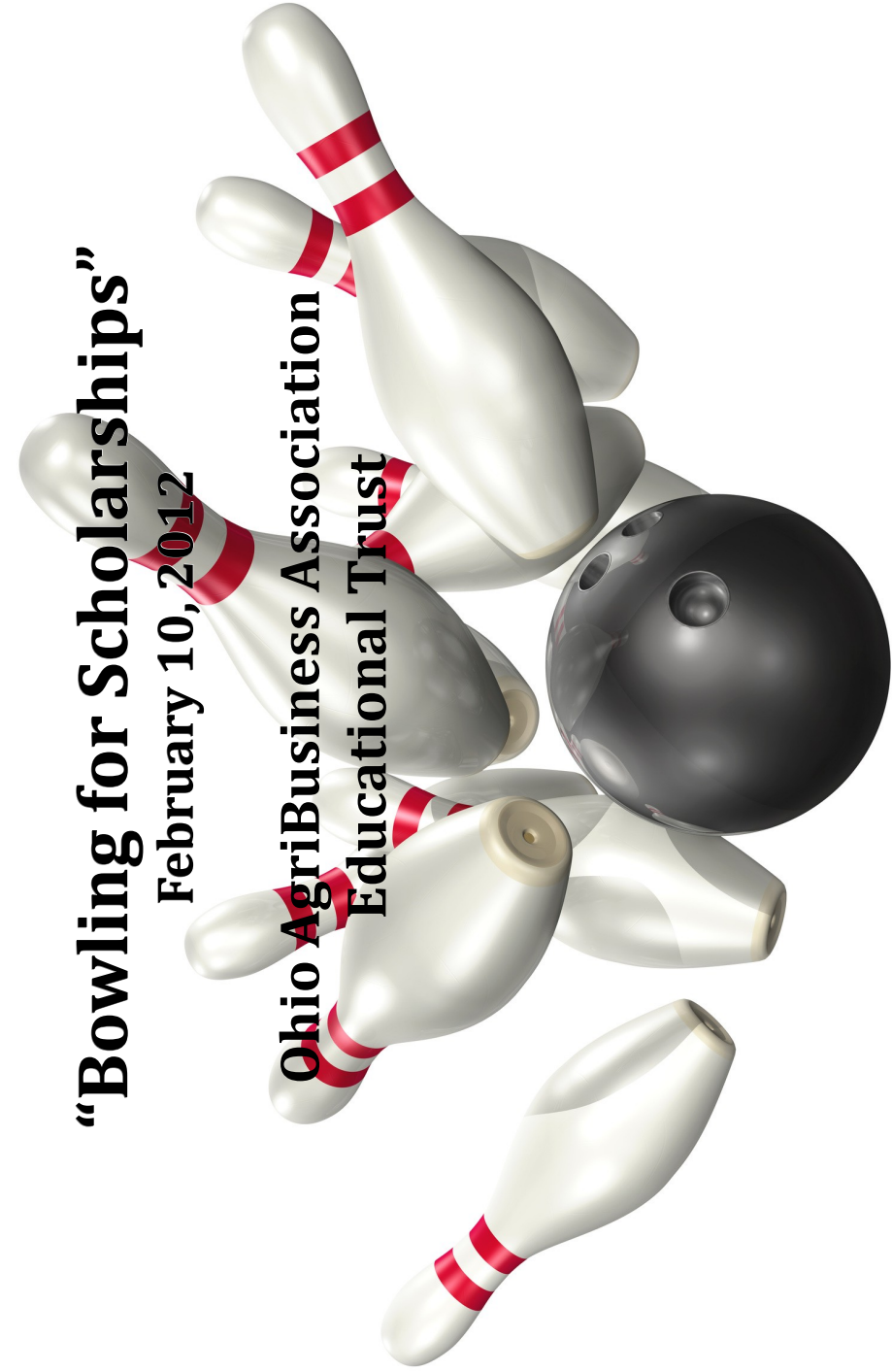


OABA Educational Trust
5151 Reed Road, Ste. 126-C
Columbus, OH 43220

“Bowling for Scholarships”

February 10, 2012

**Ohio AgriBusiness Association
Educational Trust**



Bowling for Scholarships Registration Form

Friday, February 10, 2012
Varsity Lanes
Bowling Green, OH

Cancellations must be received by Monday, February 6, 2012 to be eligible for a refund.

This is a 4-person Handicap Event and is limited to the first 28 teams. Top 24 players will compete in a single elimination tournament following team competition.

9:00 a.m.	Registration Opens	12:30 p.m.	Pizza Buffet
	50/50 Raffle	1:00 p.m.	Top 24 Individual Tournament
10:00 a.m.	Bowling Begins	3:30 p.m.	Adjourn

Registration fee includes morning refreshments, three games of bowling, pizza, door prizes and tournament bowling, if applicable.

Company _____
 Address _____
 City, State, Zip _____
 Phone/Fax _____

Team/Individual Registrant Name(s)

1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

____ 1st Team @ \$100

____ Additional Team(s) @ \$50 ea.

Individual Bowler(s):

____ Individual(s) @ \$25 ea. = \$ _____

Total \$ _____

Visa MC Check

Credit Card # _____ Exp Date _____

Signature _____

**Make check payable to :
OABA Educational Trust &
return to:**

OABA Educational Trust
 5151 Reed Road, Suite 126-C
 Columbus, Ohio 43220
 Email: info@oaba.net

Support the OABA Educational Trust Scholarship Fund

- YES, we will sponsor a lane for \$100.
- YES, we will be a lunch sponsor for \$300.
- Sorry, I cannot be a sponsor and/or will be unable to attend the bowling event. Please accept my contribution of \$_____ to support the students in agribusiness.

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Return with check payable to:

OABA Educational Trust
 5151 Reed Road, Suite 126-C
 Columbus, Ohio 43220-
 PH: (614) 326-7520
 FAX: (614) 326-7519

Total: \$ _____

Visa MC Check
 Please Invoice

Credit Card : _____

Name on Card: _____

Exp. Date: _____

Signature _____