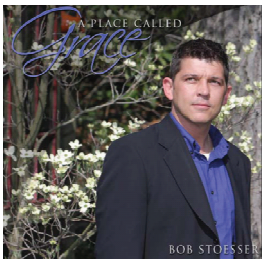
Bob Stoesser
BOOKING FORM

(Please print and complete)



Name of Event

Date of Event:

Contact Name(s):

Organization:

Address:

City	State	Zip

Telephone:

Venue (Describe event, number of people…etc)

Please return completed form to:

Bob Stoesser
P.O. Box 1122
Brunswick, Ohio 44212-1122

Please include postal address and telephone number where we can contact you about details. Bookings will not be considered final until dates and fees are confirmed by all parties. We will contact you within 3 business days upon receipt of this form.

Thank you for your inquiry!