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O.M.A.H.A. JR. LANCERS
P.O. Box 540465
Omaha Nebraska 68154-0465

John and Brenda Ort
5139 Co. Rd. P-37
Blair, NE 68008



PLAYERS

Andrew Barton
Justin Blackledge
Mike Frankowski
Jon Hechtner
Grant Killian
Creighton Lay
Adam Maher
Tyler O'Connor
Bubba Orr
Michael Otten
JT Peters
Nate Place
Kyle Poljanic
Carter Purdy
Zach Rehmeier
Tyler Robison
Baxter Strachan
Austin Ward
Eric Wolatz
Carsten Wrich

JOIN US FOR A GREAT TIME!

Jr. Lancer Steering Committee

P.O. Box 540465
Omaha, NE 68154-0465
Phone (402) 964-9259
Fax (402) 964-9260

O.M.A.H.A.

**JUNIOR LANCER
HOCKEY**

CASINO NIGHT



Friday, February 19, 2010

Millard Plaza Ballroom

5339 So. 139th Plaza

JOIN US FOR A GREAT TIME!!

The O.M.A.H.A. Junior Lancers will be hosting the second annual Casino Night at the Millard Plaza Ballroom. The Junior Lancers provide competition that prepares hockey players for the next level of the game. Former Junior Lancer players have gone on to play hockey at the University of Michigan, the Air Force Academy, Colorado State University, The University of NE at Omaha, and we even have a former Jr. Lancer playing in the NHL for the Nashville Predators. The Junior Lancers have achieved many championships and awards both regionally and nationally since 2003. Several recent graduates are also playing hockey in Montana, Arizona, Boston, and Canada.

Your generosity will help O.M.A.H.A.'s top high school players in the metropolitan area as they continue hockey training and their individual quests as well as team quests for excellence!

*****No spots are guaranteed until all entry fees are received.*****

MILLARD PLAZA BALLROOM



Friday, February 19, 2010

6 p.m. Social Hour

Dinner at 7 p.m.

Casino Games & Music

COST:

\$90.00 per couple or \$45.00 per single by 1/30/10.

Includes: Buffet dinner, beer, a pop, wine, starter chips, and music. Cash bar available.

MAIL REGISTRATION & PAYMENT TO:

**Brenda Orr
5139 County Road P37
Blair, NE 68008**

**Contact Brenda Orr at 533-2331
or Cis Frankowski at 210-4791**

REGISTRATION INFORMATION

1. Name: _____

Address: _____

City/State/Zip: _____

Company: _____

Phone: _____

2. Name: _____

Address: _____

City/State/Zip: _____

Company: _____

Phone: _____

3. Name: _____

Address: _____

City/State/Zip: _____

Company: _____

Phone: _____

4. Name: _____

Address: _____

City/State/Zip: _____

Company: _____

Phone: _____

Enclosed number of reservations @
\$45.00 per person for a total of \$ _____
(Make checks payable to O.M.A.H.A.)

I am unable to attend, but would like to make the following contribution to the Junior Lancer Hockey Program \$ _____

Jr. Lancer Player Contact

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