

Challenge Sports

HOTEL / CONTACT FORM

team contact information

Team Name: _____

Age Group: _____ *Boys* [] *Girls* []

Coach: _____

Cell Phone: _____

[] *Our team is commuting - Home phone* _____

[] *Our team is staying at the following hotel(s) during the Soccer Tournament:*

Please indicate NUMBER of rooms booked on each night

<i>Hotel Name</i>	<i>Name of person booking room</i>	<i># rooms Friday date _____</i>	<i># rooms Saturday date _____</i>	<i># rooms Other nights? date _____</i>

It is important that we know how to contact each team during the tournament

Please fill out this form and BRING it to Team Check-in