2019 Hotel Information

This form MUST be handed in prior to the start of your 2nd game, no team will be permitted on the floor without it. Each team should hand in ONE form. Please write legibly as well. Thank you!

Team Name:_____

Division (Bracket): _____

Arrival Date:_____ Departure Date:_____

City_____ State/Prov._____

# of adults in your party:_____ # Youth under 18:_____

Coach's/Manager Name:_____

Coach's/Manager Cell Phone #:_____

Coach's/Manager Hotel Name & Phone:_____

NAME of person paying room	HOTEL	ROOM #	# of people per room	# OF NIGHTS