

TOURNAMENT DATE: \_\_\_\_\_ TEAM: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_



## HOTEL REGISTRATION FORM

Parents Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_ DOUBLE QUEEN

\_\_\_\_ # Adults \_\_\_\_ # Children \_\_\_\_ # of Rooms

**CONFIRMATION #**

Deposit required w/in 72 hours to hold room

Parents Full Name: \_\_\_\_\_

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