

2020-21 Hotel Waiver Request

Player's Name: _____ Team: _____

Tournament Date(s): _____ Hotel: _____

Staying with: _____ Relationship to Player: _____

Cell Phone #: _____ (in case of schedule changes)

In submitting this waiver, you are agreeing if accepted that player will attend all scheduled team events, meals, meetings, etc. that are scheduled during this event.

Player Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Waiver Form must be received by the stated booking deadline for the hotel. Waivers can be dropped off at the office and put in Jessica Hohl's mailbox or scanned and emailed to jessie@toledovolleyballclub.com

Received by Jessica Hohl _____

Accepted _____

Rejected: _____