

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: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

____ DOUBLE QUEEN

____ # Adults ____ # Children ____ # of Rooms

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