

HOTEL INFORMATION FORM

This form is required for all teams that stay overnight

(Please include everyone that is traveling with the team – parents, grandparents, relatives, etc. rooms)

Team Name _____ Age Group _____

Hotel Name _____

Address _____

Date Check-In _____ Date Check-Out _____ Number of rooms _____

HOTEL ROOM RATE PER DAY _____

Was the reservation staff courteous to you when making your reservations? ____Y ____N

Comments: _____

Contact Person's Name who is staying in the hotel _____

Contact Person's Cell number _____

Please mail or bring this form with you. Remember to include everyone in the number of rooms count. (Parents, Grandparents, other relatives and friends).