



VISITOR QUESTIONNAIRE & EMERGENCY CONTACT FORM

TEAM NAME: _____ AGE GROUP: U- _____

PRIMARY TEAM CONTACT: _____

CELL PHONE OF CONTACT: _____ OR _____

EMAIL ADDRESS OF CONTACT: _____

TEAM ADDRESS: CITY: _____ STATE: _____ ZIP: _____

HOTEL INFORMATION

BOOKED BY: ___ (LOCAL TEAM) – No Hotel Required

___ (DIRECT WITH HOTEL)

___ (CREATIVE TRAVEL GROUP)

HOTEL NAME: _____

HOTEL ADDRESS: _____ CITY: _____

HOTEL PHONE: _____ # OF ROOMS BOOKED: _____

CHECKING IN: _____ CHECKING OUT: _____

Each team is required to complete this form even if you are not staying overnight in the tournament area.

Print a copy, complete and bring to team check-in to be collected.

THANK YOU FOR YOUR ASSISTANCE.