

Hotel request form – Sand Soccer 2009

Team Name/age group: _____

Name: _____

Address: _____

Daytime phone number _____

Fax number _____

Email address _____

Hotel request:

1st choice: _____

2nd choice: _____

3rd choice: _____

Friday-Sunday 6/5/09 – 6/7/2009 – # of rooms: _____

Any reservations 5 rooms or less must provide a credit card to guarantee the reservation.

CC type _____ *CC #* _____ *exp date* _____

Rooms will have 2 beds unless otherwise specified. Make all requests (non smoking, adjoining, etc) on this request.

Fax: (866) 431-1754

Email: acasperson@bookmygroup.com
