SUMMER END SHOWDOWN

CONTACT INFORMATION

Please be sure to maintain accurate records for coaches and administrators in your team's application.

AGE GROUP (circle one) u9 u10 u11 u12 u13 u14 u15

GENDER (circle one) Girls Boys

TEAM NAME: _____

COACH'S NAME: _____

COACH'S CELL PHONE: _____
Accepts text messaging: yes no

ALTERNATE CONTACT: _____

ALTERNATE CELL PHONE: _____
Accepts text messaging: yes no

HOTEL NAME: _____

HOTEL PHONE NUMBER: _____

NUMBER OF HOTEL ROOMS BOOKED:_____