

# PLANTATION THANKSGIVING SOCCER CLASSIC

## EMERGENCY TEAM CONTACT FORM

**BOYS AGE GROUP** \_\_\_\_\_ **GIRLS AGE GROUP** \_\_\_\_\_

TEAM NAME \_\_\_\_\_

TELEPHONE # TO BE REACHED DURING THE TOURNAMENT:

COACH NAME: \_\_\_\_\_

MANAGER NAME: \_\_\_\_\_

HOTEL NAME: \_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

HOTEL TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

GUEST ROOM NUMBER: \_\_\_\_\_

TOTAL NUMBER OF ROOMS RESERVED FOR YOUR TEAM AT THIS HOTEL \_\_\_\_\_

**PLEASE FILL OUT THIS FORM AND BRING TO TEAM REGISTRATION**