

# West Pines Kickoff Classic

## EMERGENCY CONTACT FORM

BOYS AGE GROUP/DIV U \_\_\_\_\_

GIRLS AGE GROUP/DIV U \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

PLEASE FILL OUT THIS FORM AND BRING TO TEAM REGISTRATION