

# ELITE CUP

## Hotel Information and Confirmation Form

Welcome to the 2009 Elite Cup. Please return this form to both THE TOURNAMENT OFFICE @ 619-393-0353 or via Email @ anthony@stspecialists.com and Your Hotel you booking with. In order to confirm your teams participation in our tournament and secure your hotel rooms, this form must be completed and returned by July 1.

**Team Name:** \_\_\_\_\_ **Age Group:** **BU-** **GU-**

**Hotel Name:** \_\_\_\_\_ **Rate: \$** \_\_\_\_\_

**Team Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

	<b>1st &amp; Last Name</b>	<b>No. of Guest</b>	<b>Smoke Y / N</b>	<b>Check In Date</b>	<b>Check Out Date</b>	<b>Credit Card # (for hotel use only)</b>	<b>Exp. Date</b>
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