



2009 Visitor Questionnaire & Emergency Contact Form

TEAM NAME: _____ AGE DIV: Under _____

PRIMARY TEAM CONTACT: _____
(Primary Contact during the Tournament)

CELL PHONE # OF TEAM CONTACT: _____

HOME CITY: _____ HOME STATE: _____

WHAT IS THE TOTAL NUMBER OF PEOPLE TRAVELING IN YOUR GROUP

(including team members)? _____

(DO NOT DUPLICATE NUMBERS FROM OTHER TEAMS IN YOUR CLUB IF YOU HAVE MULTIPLE TEAMS IN THE TOURNAMENT.)

If your group arrived by air, how many vehicles has your group rented:

Autos: _____ Minivans: _____ 15 Passenger vans: _____

If from outside the Tampa Bay area, what are the dates of your stay for the tournament?

From December _____, 2009 to _____

HOW MANY MOTEL/HOTEL ROOMS WILL YOU BE USING? _____

WHILE AT THE TOURNAMENT

WHICH HOTEL (BE SPECIFIC)? _____

TELEPHONE # OF HOTEL: _____

Florida teams not from the immediate local area are required to complete this form even if they are not staying overnight in the Tampa Bay area.

This form must be completed and submitted at registration on 12/26.