



Hotel Verification Form

Name of Tournament: _____

Date(s) of Play: _____

Coach: _____

First

last

Team Name: _____

Number of Athletes: _____

Hotel Name	Number of Rooms
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Overall Experience: *Excellent* *Fair* *Poor*

Comments –

Is this 1st Time in the Area: *Yes* *No*