

Battle In Rocky Top / Kick-Off Classic

Hotel Form

Team Name & Age Division: _____

Hotel Name: _____

Hotel Phone #: _____

Of Rooms Team Has At Hotel (include parent rooms): _____

Date Of Check-In & Check Out: _____

How Many Players Attending: _____

How Many Coaches Attending: _____

How Many Team Followers Attending: _____

(Include older/younger siblings. Estimates are fine)

Send this form in with your registration form!!!

MAKE SURE THE ROOMS ARE BOOKED THRU PSE Event Housing