



Team Tournament Hotel Information Sheet

This form must be completed and faxed to **GA-SC BULLS HOUSING BUREAU**
by Sunday, August 12th.
Fax to (815) 301-9054
Attention: JASON SPINKS

Application Confirmation # _____

Date _____

Age U- _____

Gender _____

Club Name _____

Team Name _____

Team Hotel Contact Name _____

Team Hotel Contact Cell Number _____

Team Hotel Contact Email Address _____

Hotel Reserved for your team _____

of rooms blocked _____

Hotel contact _____

LOCAL Team or Commuting and do not need accommodations _____