

FLORIDA HALF CENTURY AMATEUR SOFTBALL ASSOCIATION

TEAM HOTEL INFORMATION

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Tournament Name	Tournament Host				
Tournament Date	Team Name				
Please have each individual to hotel they stayed at, the na- room was used, how many in give the form to the tourna economic impact this event b	me that the room was reso the room. Important: Pleas ment director at your site	erved under, e have your e as these nu	the numb	er of nigh n fill out tl	nts that the ne form and
Hotel Name/Location	Name on Reservation	#Rooms	#Nights	Nightly Rate	Family & Friends w/team
Local # Driving Back & Forth>	> Family & Friends W/Team>				
Any comments about difficu	Ilties in making reservation the back of this s		s of room	s, please i	ndicate on
	Signature _				
COMPL	ETE FORM AND GIVE TO COMMIS	SIONER AT TOU	RNAMENT		