



2010 Directors Cup Playoffs

TEAM CONTACT INFO

Please bring this form to Check-in

Please provide as much contact information as possible for two team representatives. This information will be important in the event it is necessary to contact the team during the event.

Team Name: _____

Boys Team _____ Girls Team _____ Age Group: _____

Coach

Name: _____

Cell Phone: _____

Hotel: _____ Room #: _____

Hotel Phone #: _____

Manager

Name: _____

Cell Phone: _____

Hotel: _____ Room #: _____

Hotel Phone #: _____