

**2009 CLEARWATER THANKSGIVING
CHALLENGE, presented by NIKE**
Checklist & Local Contact Information Form

Team Name: _____ Age Group: _____ Team Code: _____

Hotel Team is Staying at: _____ Phone: _____

Tournament Hotel Booking Code _____ Approx # of Rooms _____ # Nights per Room: _____

Head Coach _____ Cell phone: _____

Local Phone No. _____ Email _____

Hotel Staying at: _____ Room # _____

Asst. / Manager _____ Cell phone: _____

Local Phone No. _____ Email _____

Hotel Staying at: _____ Room # _____

Other Contact: _____ Cell phone: _____

Local Phone No. _____ Email _____

Hotel Staying at: _____ Room # _____

CHECK IN REQUIREMENTS:

- _____ 2009-10 OFFICIAL ASSOCIATION ROSTER (FYSA, US Club, AYSO, etc) – One copy
- _____ 2009-10 GUEST PLAYER / PLAYER LOAN FORMS (if applicable)
- _____ PERMISSION TO TRAVEL PAPERS - if team is a non-Florida team
- _____ 2009-10 PLAYER and COACHES PASSES - Signed, pictured and laminated
- _____ SCI LABOR DAY CUP MATCH ROSTER- 6 copies (used with game reports)
- _____ NOTARIZED MEDICAL RELEASE FORMS - for each player for review, we don't need copy

Team Representative Signature

Tournament Check-in Official Signature