

# 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