HOTEL "BUYOUT" FORM

Tournament Name	
Team Name	
Age Group	
Head Coach	
Coaches' email	
Coaches' cell phone	
Please find check enclosed for \$750.00. Please make check payable to: Traveling Teams	
Attn: Shaun Keough shaun@travelingteams.com 21800 Haggerty Rd. Suite 310 Northville, MI. 48167	
Once you have made this decision your decision will be correfundable.	nsidered final and non-
PLEASE when making this choice, do so 8 weeks prior This helps us in booking rooms for the teams attending.	to the event.
We look forward to seeing you at the tournament.	
If you have any questions please call or email Bob Rossi :	Bob Rossi 401-529-9331 rrossi@organicdye.com
Thank You,	
Bob Rossi	