



7th Annual Weston Cup Soccer Tournament

February 14-16, 2009

EMERGENCY CONTACT FORM

BOYS AGE GROUP U _____

GIRLS AGE GROUP U _____

TEAM NAME _____

COACH NAME: _____

MANAGER NAME: _____

HOTEL NAME: _____

HOME PHONE: (_____) _____ - _____

COACH CELL PHONE: (_____) _____ - _____

MGR CELL PHONE: (_____) _____ - _____

HOTEL TELEPHONE: (_____) _____ - _____

COACH GUEST ROOM NUMBER: _____

MGR GUEST ROOM NUMBER: _____

TOTAL NUMBER OF ROOMS RESERVED FOR YOUR TEAM AT THIS HOTEL _____

PLEASE FILL OUT HIS FORM AND BRING TO TEAM REGISTRATION