



2012 Weston Cup & Showcase

EMERGENCY CONTACT FORM

BOYS AGE GROUP/DIV U _____ GIRLS AGE GROUP/DIV 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 THIS FORM AND BRING TO TEAM
REGISTRATION**