



Weston Cup Soccer Tournament

TEAM INFORMATION FORM

TEAM (AGE GROUP/GENDER/DIVISION) U _____

TEAM NAME _____

COACH NAME: _____

MANAGER NAME: _____

COACH HOME PHONE: (_____) _____ - _____

MANAGER HOME PHONE: (_____) _____ - _____

COACH CELL PHONE: (_____) _____ - _____

MANAGER CELL PHONE: (_____) _____ - _____

HOTEL NAME: _____

HOTEL TELEPHONE: (_____) _____ - _____

COACH GUEST ROOM NUMBER: _____

MANAGER GUEST ROOM NUMBER: _____

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

PLEASE COMPLETE THIS FORM AND BRING TO REGISTRATION