



**3rd Annual Fury Invitational Soccer Tournament  
April 29 –May 1<sup>st</sup> 2005**

**EMERGENCY TEAM 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 THIS FORM AND BRING TO TEAM REGISTRATION