

HOTEL RESERVATION FORM

Please Check Tournament:

(Every attempt to honor your choice will be made, but no guarantee)

Hotel Choice

_____ Holiday Inn Grand Island (**\$89.00 plus tax**)

_____ Marriott/Amherst (**\$99.00 plus tax**)

Thanksgiving _____

Patriots Day _____

2 NIGHT MINIMUM STAY IS REQUIRED

NAME (Last,first)	CHECK IN DAY	CHECK OUT DAY	ROOM TYPE (double,,king)	CREDIT CARD	CREDIT CARD NUMBER	EXP. DATE	SMOKING OR NON
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TEAM NAME:

CONTACT PERSON:

PHONE #:

FAX#:

CONTACT ADDRESS:
