



FSA TOURNAMENT SERIES  
www.floridasocceralliance.com

## **Hotel & Team Contact Information**

This form is required to be submitted at Team Check In for the 32nd Annual Seminole Memorial Tournament.

### **Team Contacts**

Team Code: \_\_\_\_\_

Coaches Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Manager Name: \_\_\_\_\_ Cell# \_\_\_\_\_

### **Hotel Information**

Hotel (if traveling to tournament): \_\_\_\_\_

Hotel address: \_\_\_\_\_

# of Rooms - Friday Night \_\_\_\_\_ Saturday Night: \_\_\_\_\_