

KANSAS CITY CHAMPIONS CUP

TEAM CONTACT INFORMATION

PLEASE PRINT ALL INFORMATION

TEAM NAME: _____

AGE DIVISION: _____ BOYS: _____ GIRLS: _____

TEAM CONTACT PERSON AT KCI TOURNAMENT

NAME OF CONTACT: _____

NAME OF HOTEL: _____ ROOM #: _____

HOTEL PHONE NUMBER: _____ CELL PHONE # _____

ALTERNATE TEAM CONTACT AT KCI TOURNAMENT

NAME OF CONTACT: _____

NAME OF HOTEL: _____ ROOM #: _____

HOTEL PHONE NUMBER: _____ CELL PHONE # _____

**PLEASE COMPLETE THIS FORM AND BRING IT WITH YOU TO TEAM CHECK-IN ON
FRIDAY, APRIL 11, 6:30-8:00 P.M., AT THE OVERLAND PARK DOUBLETREE HOTEL, 10100
COLLEGE BOULEVARD, OVERLAND PARK, KS 66210.**