

WEST VIRGINIA SPIKEFEST OFFICIAL TEAM CHECK IN FORM

**Please take the time to fill this form out accurately and completely.
ONE FORM MUST BE COMPLETED FOR EACH TEAM.**

This information will be used in case of emergency (i.e. last minute schedule changes).
Please have the following information completed and available for team registration.

CLUB NAME: _____

TEAM NAME: _____ **AGE DIVISION:** _____

COACH: _____ **CELL # ()**

TEAM REP: _____ **CELL # ()**

In order to retain certain facilities and the support of Cabell County, and the City of Huntington, we must be able to show that we are making an economic impact in the area. This helps us secure future facilities.

Please fill out the information completely, and include all rooms used by your team.

NAME OF HOTEL: _____

HOTEL ADDRESS: _____

	Friday	Saturday	Total
Total Number of Rooms for team	_____	_____	_____

List below if your team was housed in more than one hotel. Please complete for each hotel.

	<u>Total number of rooms</u>		
	Friday	Saturday	Total
1. Hotel Name: _____	_____	_____	_____
2. Hotel Name: _____	_____	_____	_____
3. Hotel Name: _____	_____	_____	_____