

Last Name _____ Team _____

STM Hotel Information – Columbia Classic - GIRLS

Complete fully. Information will be kept in strict.

If any changes occur after turning in this form, see your hotel contact for a new one.

Use one form per player. If player is staying with someone other than parents, complete Section #1 only.

ALL players should submit a form. Thank You !

#1 - General Information:

Team preferred _____ Rooming with: _____ Parents _____ Players _____

Reservation Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

List your other Children who play for STM staying in room:

_____ Team _____

_____ Team _____

List other STM players staying in your room:

_____ Team _____

#2 – Reservation Information – – Sheraton Columbia Hotel (Columbia, Md):

_____ **NO** Reservation Needed **Thus** _____ \$50.00 Coaches Expenses Enclosed

(Virginia/Maryland/DC - Phone Contact Name _____ Phone _____)

_____ Number of Rooms _____ Adults in Room _____ Children _____

_____ **Arrival Date** _____ _____ **Depart Date** _____ _____ Nites _____

_____ Double/Double (2 Double Beds) _____ King (1 Large Bed) _____ Other _____

_____ Non-Smoking _____ Smoking _____ No Choice _____

_____ Rollaway (Extra Charge) _____ Other (Specify: _____)

_____ Connecting _____ Adjoining (With: _____ Team _____)
(Double/Double Rooms do **NOT** Connect and may not Adjoin)

#3 – Deposit Method:

Amount \$ _____ Check # _____ Fundraising _____

Credit Card: _____ Visa _____ Discover _____ Master Card _____ American Express _____

Credit Card # _____ - _____ - _____ - _____ Expiration Date _____ - _____

Credit Card Holder Name _____ (Print as name appears on Card)

