

Last Name \_\_\_\_\_ Team \_\_\_\_\_

## STM Hotel Information – Capitol Cup - 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)

