

TEAM INFORMATION AND REGISTRATION FORM

PLEASE PRINT

Team Name: _____

Coaches Name: _____

Coaches Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Age Bracket of Participants in the event: _____

Number of People Accompanying Team _____
Players Coaches Fans Youth

How did you arrive to the area from your home? (Circle all that apply)

Automobile Rental Car Train Plane Bus

Where Team is Staying:

Hotel _____ Rooms _____ Nights _____ Rate _____

Hotel _____ Rooms _____ Nights _____ Rate _____

House _____ Rooms _____ Nights _____ Rate _____

Condo _____ Rooms _____ Nights _____ Rate _____

How Did You Choose Your Hotel? (Circle all that apply)

Visitors Guide

Internet

www.floridakiss.com

Other: _____

Does the Team Plan to Stay in the Area Longer then the Tournament? Yes No

If Yes, How Many Days on Average? _____

Is the Team Planning to Visit Any Attractions / Theme Parks? Yes No

If Yes, Which Ones? _____

This facility is funded by the Osceola County's Tourist Development tax for the purpose of stimulating the local economy through visitors spending. Your assistance in completing this form allows us the opportunity to track the effectiveness of the facility you are utilizing during your event.

THANK YOU FOR YOUR TIME AND ASSISTANCE WITH THIS QUICK SURVEY!