Silver Stick Hockey Mid-Am Regional Tournament
November 6-9, 2009 & November 13-16, 2009

GROUP: _____

ADDRESS: _____

_____

CONTACT: _____

PHONE: _____

BILLING CODE:

A (Organization Pays Room, Tax and Incidentals)

B (Organization Pays Room and Tax Only)

C (Individuals Responsible for Total Bill)

ALL ROOMS MUST BE RESERVED WITH A VALID CREDIT CARD! PLEASE PRINT CLEARLY TO AVOID AN ERROR WITH INPUT!

LAST NAME, FIRST	BILLING CODE	BED TYPE	CREDIT CARD NUMBER GUARANTEE	EXPIRATION DATE	ARRIVAL DATE	DEPARTURE DATE	NOTES

Special Requests - Please note room preferences are never guaranteed, however we will do our best to honor your request