



# ROSTER CHECK FORM

**Gym Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Division/Team Name:** \_\_\_\_\_

	Performer Name	Hotel Name	Name Reservation is Booked Under	Booked Through Connections Housing	ACA Exception # <small>(if not booked through Connections Housing)</small>
Ex	Susie Herkimer	Omni	Lawrence Herkimer	✓	EX8615F64584
1					
2					
3					
4					
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25					

One form should be filled out per each competing team. If more space is needed, please print additional copies.

*As the contact/coach for this team, I understand that all hotel reservations must be made through Connections Housing in order for our team to participate. I will also be responsible for making sure that each Parent is aware of this "Stay to Play" Policy.*

Forms must be submitted no later than December 14, 2018. Please fax to  
702-331-9571 or email [cheer@connectionshousing.com](mailto:cheer@connectionshousing.com)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_