



# 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	NCA/NDA Exception # <small>(if not booked through Connections Housing)</small>
Ex	Susie Herkimer	Omni	Lawrence Herkimer	✓	EX8615F64584
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
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 [NCANDA@connectionshousing.com](mailto:NCANDA@connectionshousing.com)

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

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