



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	NDA Exception # <small>(if not booked through Connections Housing)</small>
Ex	Susie Herkimer	Omni	Lawrence Herkimer	✓	EX8615F64584
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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

Signature: _____

Date: _____