

SOUTHERN REGIONAL JUNIOR TOURNAMENT - HOTEL RESERVATION LIST

SENATE _____

ARRIVAL DATE _____

ARRIVAL TIME _____

SEND CONFIRMATION TO:

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE # (_____) _____

EMAIL _____

Atlanta Marriott Century Center/Emory Area

2000 Century Blvd. NE

Atlanta, GA 30345

(404) 325-0000

DEPARTURE DATE _____

DEPARTURE TIME _____

BUS DRIVER _____ YES _____ NO

CREDIT CARDS ONLY

NUMBER OF PEOPLE _____ ROOM # _____

*

NUMBER OF PEOPLE _____ ROOM # _____

*

CREDIT CARD TYPE _____
NAME OF HOLDER _____
CARD NUMBER _____
EXPIRATION DATE _____

CREDIT CARD TYPE _____
NAME OF HOLDER _____
CARD NUMBER _____
EXPIRATION DATE _____

NUMBER OF PEOPLE _____ ROOM # _____

*

NUMBER OF PEOPLE _____ ROOM # _____

*

CREDIT CARD TYPE _____
NAME OF HOLDER _____
CARD NUMBER _____
EXPIRATION DATE _____

CREDIT CARD TYPE _____
NAME OF HOLDER _____
CARD NUMBER _____
EXPIRATION DATE _____

NUMBER OF PEOPLE _____ ROOM # _____

*

NUMBER OF PEOPLE _____ ROOM # _____

*

CREDIT CARD TYPE _____
NAME OF HOLDER _____
CARD NUMBER _____
EXPIRATION DATE _____

CREDIT CARD TYPE _____
NAME OF HOLDER _____
CARD NUMBER _____
EXPIRATION DATE _____

* Denotes Adult Chaperone's Name

TOTAL # ROOMS _____