



## OHIO GALAXIES TURF FEST CONTACT INFORMATION

Please be sure to maintain accurate records for coaches and administrators in your team's application.

**AGE GROUP** (circle one): U8 U9 U10 U11 U12 U13 U14 U15

**GENDER** (circle one): BOYS GIRLS

**TEAM NAME:** \_\_\_\_\_

**COACH'S NAME:** \_\_\_\_\_

**COACH'S CELL PHONE:** \_\_\_\_\_

Accepts text messaging: yes no

**ALTERNATE CONTACT:** \_\_\_\_\_

**ALTERNATE CELL PHONE:** \_\_\_\_\_

Accepts text messaging: yes no

**HOTEL NAME:** \_\_\_\_\_

**HOTEL PHONE NUMBER:** \_\_\_\_\_

**NUMBER OF HOTEL ROOMS BOOKED:** \_\_\_\_\_