

2010 SD High School Soccer Tournament Team Verification Form and Rooming List

Immediately upon qualification and confirmation of official party, please complete and email (katie@visitmitchell.com) or fax (605.996.8273) this form to Katie Knutson at the Mitchell Convention & Visitors Bureau. Please allow at least one business day for a confirmation email/fax. Rooms cannot be guaranteed after 5PM CDT Monday, October 4, 2010.

Team Information

Team Name: _____ Coach/Contact: _____
 Address: _____ Email: _____
 Work Phone: _____ Home Phone: _____
 Cell Phone: _____ Fax: _____

Room Information

Designated Hotel: _____ Number of Rooms Needed: _____

Notes: All rooms must be guaranteed with a credit card as a team or individually. Other credit cards or cash payment will be available at check-in if desired, sorry checks not accepted. Every effort will be made to accommodate room requests, but guarantees cannot be made. Additional rooms are based on availability.

	Name of Room Occupants	Number of Occupants	Nights Requested (please circle)				Credit Card Type & Number	Credit Card Expiration	Phone Number	Confirmation Number (Hotel Use Only)
			W 10/6	Th 10/7	F 10/8	S 10/9				
1			W	Th	F	S				
2			W	Th	F	S				
3			W	Th	F	S				
4			W	Th	F	S				
5			W	Th	F	S				
6			W	Th	F	S				
7			W	Th	F	S				
8			W	Th	F	S				
9			W	Th	F	S				
10			W	Th	F	S				
11			W	Th	F	S				
12			W	Th	F	S				
13			W	Th	F	S				
14			W	Th	F	S				
15			W	Th	F	S				
16			W	Th	F	S				
17			W	Th	F	S				
18			W	Th	F	S				
19			W	Th	F	S				
20			W	Th	F	S				

Cancellation Policy: Hotel cancellations must be sent to the hotel by 5PM CDT Monday, October 4, 2010 to avoid a cancellation fee. All rooms committed to and not used will be charged a cancellation fee. A cancellation fee of two night's room revenue plus applicable taxes will be charged to the guaranteed credit card. Please inform all members of your group and contact your hotel for clarification or questions. Please ask for a cancellation number for any rooms cancelled.