



Team Travel Reservation Form

Team Name: _____ Team Contact: _____

Contact Email: _____ Contact Phone: (____) _____

Contact Address: _____

Arrival Date: _____ Departure Date: _____

Destination City/State: _____

Facility of Play Name & Location: _____

Hotel Budget (if determined): _____ Bus Parking Needed? _____ Yes _____ No

Number of Rooms Needed: _____ Room Type(s): _____

Credit Card # to Guarantee Rooms: _____ Exp Date: _____

Payment Method at Check-In (circle): Credit Card Check Purchase Order #

Special Requests or Needs (if any): _____

Email completed form to: yvonne@travelteamusa.com OR Fax to: (585) 217-9154

Wherever the game takes you...

PO Box 167/Webster/NY/14580 www.travelteamusa.com 877/320-TEAM