

# HOWELL UNITED SOCCER CLUB 2008 HOLIDAY CUP

In the event that we need to contact you during the duration of the Holiday Cup, we are requesting each team provide an “emergency” contact with the below information. This information will remain confidential, and upon completion of the tournament, all emergency contact documentation will be shredded. Please DO NOT \_\_\_\_\_ is information in electronic format but please print it out and bring it with you to registration.

Team Name \_\_\_\_\_

Age Group \_\_\_\_\_ Flight \_\_\_\_\_

Coach Name: \_\_\_\_\_

Coach Home # \_\_\_\_\_

Coach Cell # \_\_\_\_\_

Alt. Contact Name: \_\_\_\_\_

Alt. Contact Home # \_\_\_\_\_

Alt. Contact Cell # \_\_\_\_\_

If staying at a Hotel, please Specify

Name \_\_\_\_\_

Hotel Telephone # \_\_\_\_\_

If you desire, please alert the Tournament Committee of any pre-existing medical conditions regarding any of your players (i.e. asthma attack, diabetic seizure, etc.) If so, please specify on reverse side of the form.