

Event Name:
**Premier Incoming
Freshman Tournament**
Rate Dates:
July 6,7,8,9,10,and 11, 2010

Joplin Sports Authority
P.O. Box 2359, Joplin, MO 64803
Office (417)625-1006 FAX (417)625-1485
Martha's Cell # (417)317-3510, housing
martha@joplinsports.org

Housing Request
All room requests must be submitted at least 30 days prior to event.

TEAM NAME _____ COACH/CONTACT _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE NUMBER/S _____

Accommodations
(Please put in order of preference.)
All rates are subject to state and local tax.
These are ONLY preferences. No guarantees can be made on room accommodations.
The sooner your requests are received the better your chances are of getting your preference.
Requests later than 30 days prior to event cannot be guaranteed but every effort will be made to accommodate your group's needs.

Rooming list form is attached for your convenience.

List of Hotels/Motels

- | | |
|--|---|
| <input type="checkbox"/> Baymont Inn \$69.00+ Continental | <input type="checkbox"/> Hampton Inn \$99.00+ Hot Breakfast |
| <input type="checkbox"/> Best Western Big Spring Lodge \$77.00+ Expanded w/Hot | <input type="checkbox"/> Hilton Garden Inn \$109.00+ Hot Buffet |
| <input type="checkbox"/> Best Western Oasis \$69.00+ Continental | <input type="checkbox"/> Holiday Inn \$69.00+ to \$94.00+
Continental to Full Hot Buffet |
| <input type="checkbox"/> Best Western Precious Moments \$69.00+ Deluxe Continental | <input type="checkbox"/> LaQuinta \$89.99+ Full Hot Buffet |
| <input type="checkbox"/> Candlewood \$89.00+ Continental | <input type="checkbox"/> Quality Inn \$52.99+ Continental |
| <input type="checkbox"/> Comfort Inn \$59.99+ Continental | <input type="checkbox"/> Residence Inn \$152.00+ to \$234.00+
Full Hot Buffet |
| <input type="checkbox"/> Days Inn \$74.99+ Full Hot Breakfast | |
| <input type="checkbox"/> Fairfield Inn \$94.00+ Hot Breakfast | |
| <input type="checkbox"/> Sunrise Inn \$49.99+ Continental | |

Room Type (Please check or put in order of preference) List number of each room type:
 1 bed 2 beds Nonsmoking Smoking
Special requests/needs _____
Check in time is 3:00 PM. Check out time is 12:00 NOON – early check-in may not be available.

Please DO NOT call the Hotels Directly --- All Housing Requests MUST be processed through JSA.
A credit card is necessary to book a room. No checks will be accepted by the Hotels.

Credit Card Number _____ Credit Card Type _____
Name of Card (please print) _____ Expiration Date _____
Cardholder's Signature _____
Phone Number/s _____ E-mail _____

Rooming List Form

Group Arrival Date

____/____/____

This form is available for your planning convenience. Please note that some hotels/motels have their own rooming list forms that they request be completed.

GROUP/ORGANIZATION/TEAM NAME _____

CONTACT NAME _____

PHONE # () _____ **FAX # ()** _____

PLEASE TYPE OR PRINT/attach additional sheets as necessary
(LAST NAME/FIRST NAME)/indicate with an * each child under 18 in the room

ROOM 1 _____ _____ _____	ROOM 5 _____ _____ _____	ROOM 9 _____ _____ _____
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ROOM 2 _____ _____ _____	ROOM 6 _____ _____ _____	ROOM 10 _____ _____ _____
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ROOM 3 _____ _____ _____	ROOM 7 _____ _____ _____	ROOM 11 _____ _____ _____
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ROOM 4 _____ _____ _____	ROOM 8 _____ _____ _____	ROOM 12 _____ _____ _____
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ALL ROOMS MUST BE GUARANTEED WITH A VALID CREDIT CARD

CONTACT SIGNATURE _____