

Event Name:
Premier Junior World Series
Rate Dates:
July 20,21,22,23,24, and 25, 2010

Joplin Sports Authority

P.O. Box 2359, Joplin, MO 63803
Office (417)625-1006 FAX (417)-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 _____ ZIPCODE _____

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

- | | |
|---|--|
| ___ Baymont Inn \$69.00+ Continental | ___ Hampton Inn \$99.00+ Hot Breakfast |
| ___ Best Western Big Spring Lodge \$77.00+ Expanded w/Hot | ___ Hilton Garden Inn \$109.00+ Hot Buffet |
| ___ Best Western Oasis \$69.00+ Continental | ___ Holiday Inn \$69.00+ to \$94.00+ |
| ___ Best Western Precious Moments \$72.00+ Deluxe Continental | ___ Continental to Full Hot Buffet |
| ___ Candlewood \$89.00+ Continental | ___ LaQuinta \$89.00+ Full Hot Buffet |
| ___ Comfort Inn \$59.99+ Continental | ___ Quality Inn \$52.99 Continental |
| ___ Days Inn \$74.99+ Full Hot Buffet | ___ Residence Inn \$152.00+ to \$234.00+ |
| ___ Fairfield Inn \$94.00+ Hot Breakfast | ___ Full Hot Buffet |
| ___ Sunrise Inn \$49.99+ to \$54.99+ 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 forms that they request be completed for a rooming list.

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

ROOM 2

ROOM 6

ROOM 10

ROOM 3

ROOM 7

ROOM 11

ROOM 4

ROOM 8

ROOM 12

ALL ROOMS MUST BE GUARANTEED WITH A VALID CREDIT CARD

CONTACT SIGNATURE _____