



TREASURE COAST SPORTS COMMISSION

Treasure Life • Treasure Sports • Treasure Coast

Team Sheet

EVENT NAME: 2014-Baseball Youth Fall Championships

DATE OF EVENT: October 24-26, 2014

TEAM NAME: _____

CONTACT NAME: _____

PHONE #: _____ **CELL #:** _____

YOUR CONTACT PHONE # WHILE YOU'RE HERE: _____

ADDRESS: _____

CITY: _____ **STATE:** _____

NAME OF HOTEL/MOTEL WHERE YOU'RE STAYING:

Vero Beach _____ Sebastian _____ Ft Peirce _____

CHECK-IN DATE: _____

OF NIGHTS: _____

x # OF ROOMS BOOKED FOR THE TEAM x _____

= TOTAL # OF ROOM NIGHTS = _____

OF PARTICIPANTS IN ROOM: _____ **# OF ADULTS IN ROOM:** _____

TRANSPORTATION TO TREASURE COAST: Airline Car Rental
 Drive Other _____

**PLEASE COMPLETE THIS FORM AND
RETURN IT TO EVENT COORDINATOR.**

TO COORDINATOR:

**THIS FORM MUST BE SUBMITTED BY EVENT
COORDINATOR ALONG WITH THE FINAL EVENT REPORT
TO THE TREASURE COAST SPORTS COMMISSION THANK
YOU!**