Accommodation Briefing Form

SPORTS TEAM:			PAX:	
CONTACT PERSON:				
ARRIVAL DATE:				
CHECK-IN TIME:				
DEPARTURE DATE:				
CHECK-OUT TIME:				
NUMBER OF ROOMS REQUIRED:				
ROOM CONFIGURATION REQUIRED:				
FACILITIES AVAILABLE TO TEAM: Can you please confirm if you				
have any of these facilities available?				
PARKING REQUIREMENTS:				
DINING ROOM/TEAM ROOM:				
TEAM ROOM REQUIREMENTS/				
EQUIPMENT:				
TEAM ROOM MEETING TIME REQUIREMENTS:				
GAME DATES & TIMES:				
TIMES FOR ROOMS TO BE SERVICED:				
ADDITIONAL INFORMATION:				
ROOMING LIST (To be supplied closer to date of stay)				
ROOM NO.				