**2024 Adult 65 & Over
League State Championships**

**Hotel Information Survey**

**Captains: Please fill this out in advance and turn it in at the Captains Registration.**

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| --- | --- | --- | --- |
| Team Captain Name:  |  | CTA/Local League:  |  |
|         |  |
| Number of Players on your Roster:  |  | Captain’s Cell #:  |  |

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| --- | --- | --- |
|  |  | **(Choose all that apply for each person)** |
| **Hotel Name** | **Name on the reservation** | **Thursday** | **Friday** | **Saturday** |
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\*\*If the captain is making the room reservations in their name and having the players change them when they arrive at the tournament, please make sure this form reflects your changes when you turn it in at check in.

Hotel Partners (please look on the hotel information page of the Captains Packet for hotel rates and offers)

|  |  |
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| Courtyard Savannah Midtown | SpringHill Suites Savannah Midtown |
| Country Inn & Suites Midtown Savannah | Best Western |
| Holiday Inn Express & Suites Savannah Midtown | Tru by Hilton Savannah Midtown |