

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.

CTA/Local League:

Number of Players on your Ros	ster:	Captain's Cell #:		
		(Choo	ose all that apply fo	r each person)
<u>Hotel Name</u>	Name on the reserv			<u>Saturday</u>

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

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	



Team Captain Name:





^{**}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.