## USSSA – KISSIMMEE Tournaments PARTICIPANT INFORMATION AND REGISTRATION FORM PLEASE READ CAREFULLY AND PRINT YOUR ANSWERS

EVENT NAME:	2017 All American Games		DATE: 7/31/17	
TEAM NAME (REGION):			STATE:	
PLAYER NAME:				
PARENT/GUARDIAN NAME, CONTACT PHONE NUMBER:				
ARE YOU TRAVELING FROM HOM	1E DAILY? Y / N			
If you are <u>NOT</u> local and circled N	I please complete the	e following:		
Players Room #:		Room Rate:		
Total Number of Hotel Rooms or	Condos/Villas:	Total # of Bedrooms if	Condo/Villa:	
Number of Nights:				
Property where Player is Staying	(Please Circle):			
All Star Vacation Homes (Enter Ac	ddress Below)			
Bahama Bay Resort Or Caribe Cov	ve .	Best Western LBV		
Comfort Inn & Suites		Disney's Caribbean Beach Resort		
Disney's All-Star Resort		Hampton Inn & Suites		
Holiday Inn Celebration		Maingate Lakeside Resort		
Marriott Spring Hill Suites		Mystic Dunes Resort		
Park Inn by Radisson		Seralago Hotel & Suites Maingate		
Tuscana		Westgate Resort		
If you are <u>NOT</u> staying at any of t	he above named acc	omodations, please comple	ete information below:	
Home/Hotel/Condo/TimeShare I	Name:			
Address:				
			City:	
		# of I		

Print Name

Signature of Parent/Guardian