

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

EVENT NAME: **2016 All American Games** **DATE:** **8/7/2016**

TEAM NAME (REGION): _____ **STATE:** _____

PLAYER NAME: _____

PARENT/GUARDIAN NAME,
CONTACT PHONE NUMBER: _____

ARE YOU TRAVELING FROM HOME DAILY? Y / N

If you are NOT local and circled N please complete the 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 Address Below)**



Bahama Bay Resort Or Caribe Cove

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 NOT staying at any of the above named accommodations, please complete information below:

Home/Hotel/Condo/TimeShare Name: _____

Address: _____

City: _____

of Units: _____ **# of Bedrooms:** _____ **# of Nights:** _____

By Signing Below I Acknowledge that the information above is true to my knowledge.

Signature of Parent/Guardian

Print Name