



ASG Capital Cup

May 22 & 23, 2021

Hotel and Participation Information Form

Team Name: _____

Club Name: _____

City: _____ State: _____

Number of players: _____

Number of coaches: _____

Estimated Number of spectators: _____

Team Status

(Mark one, If you are a local team that will be commuting, you do not need to fill out the rest of this form):

Local _____ Visitor _____

Name of Hotel: _____

Phone Number of Hotel: _____

Number of Room Nights Friday, May 21st: _____

Number of Room Nights, Saturday, May 22nd: _____

Total Number of Rooms: _____

We appreciate you completing this form as it will be used to support our grant submitted to the Leon County Tourism Board.

