

2009 National TOP Testing - Housing Registration Form

Club Name _____

Club or Coach E-mail Address _____

Request for refunds must be in writing on or before September 17, 2009.

NO refunds will be issued after September 17, 2009

HOUSING FEES INCLUDES MEALS

Female Chaperone is REQUIRED for athletes staying on site in the cabins

Athlete Cabins – check the nights you are requesting housing

Athlete Name	Thur Sept 24	Fri Sept 25	Sat Sept 26	Sun Sept 27	Total nights	Fee per Day	Total Amount Owed
						\$45.00	
						\$45.00	
						\$45.00	
						\$45.00	
						\$45.00	
						\$45.00	
Female Chaperone Name (required)						\$45.00	

Coach Motel Requests – check the nights your are requesting housing

Coach Name (indicate male or female)	Thur Sept 24	Fri Sept 25	Sat Sept 26	Sun Sept 27	Total nights	Fee per Day	Total Amount Owed
						\$70.00	
						\$70.00	
						\$70.00	

Credit Card Number _____

Exp. Date _____

Signature _____

Return via fax to:
Gary Warren
317-237-5069