

OP EAGLES INVITATIONAL INFORMATION FOR HOTEL ROOMS

Name _____

Address _____

City, State, Zip _____

Phone you can be reached at _____

Email _____

Club _____

Team Name _____

Hotel Name _____

Arrival Time _____

Arrival Date _____

Departure Time _____

Departure Date _____

Room Type* (please indicate how many of each room you need)

Single _____ Double _____ Suite _____

*All special requests (i.e. adjoining rooms, cots w/double room)
are based on availability and cannot be guaranteed.

Total Number of Rooms Requested _____

Please contact the hotel sales manager directly, by the deadline date, to make your reservation in the Ohio Premier Soccer Tournament room block. Rooms/rates are based on availability. Confirmation numbers will be forwarded from the selected hotel.

