



# ACTION TOURNAMENTS CENTRAL

32438 Manor Park Dr Garden City, MI 48135  
Phone - 734-425-9080 Fax - 734-425-9080

## TEAM CONTRACT

(please complete and submit with a completed Rooming List)

Tournament Date \_\_\_\_\_ Location: \_\_\_\_\_  
Team Name: \_\_\_\_\_  
Team Contact: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Age Group/Division: \_\_\_\_\_ Fax Phone: \_\_\_\_\_

### HOTEL SELECTION

List hotels in order of preference. Please view web site, [www.actiontournamentscentral.com](http://www.actiontournamentscentral.com), for hotel list & maps. Preferences are granted on availability in the Action Tournaments Central room block at the time your list is received. Also, when reviewing preferences and placing teams at hotels, drive time will be taken into consideration when scheduling game times & locations.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Our team would like to stay at the same hotel as \_\_\_\_\_

\*IMPORTANT\* Total number of rooms listed on the accompanying Rooming List is: \_\_\_\_\_

### MANDATORY ROOM NIGHT REQUIREMENT POLICY

A minimum of 20 room nights is mandatory! (i.e.-an average of 8 rooms for 2 nights each is 16 room nights). Teams with less nights than 20 total room nights will be assessed a \$30 charge for each room night less than the required 20. Example: A team has registered and is planning on participating in a weekend tournament. They will be requiring 8 total rooms for 2 nights each. This would be 16 room nights. Therefore, this team is 4 room nights short of the mandatory 20 and will be assessed a fee of \$120 (4 times \$30). As team contact, I, \_\_\_\_\_, acknowledge and understand the above policy statement and hereby accept responsibility for any charges as a result of non-compliance to said policy. Furthermore, I authorize Action Tournaments Central to collect any such penalties by charging penalties to the following credit card.

VISA      Master Card      Am erican Express      Discover      <Circle One

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it Appears on Card: \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_



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# ROOMING LIST

Team Name _____	Team Contact _____
Home Phone _____	Work Phone: _____ Fax: _____

Date of Arrival:	Date of Departure:	Room Preference (Subject to Availability): Circle One: Non-Smoking Smoking		
<b>ROOM ONE</b>	Name - List Each Person First Last	TYPE	<b>METHOD OF PAYMENT (Please Circle one)</b> Master Card Visa AM EX Discover	
		P=Player - A=Adult C=Non Playing Child	Card Number	
	1)		Exp. Date	
	2)		Name as it appears on the card	
	4)		No. of Room Nights	

Date of Arrival:	Date of Departure:	Room Preference (Subject to Availability): Circle One: Non-Smoking Smoking		
<b>ROOM TWO</b>	Name - List Each Person First Last	TYPE	<b>METHOD OF PAYMENT (Please Circle one)</b> Master Card Visa AM EX Discover	
		P=Player - A=Adult C=Non Playing Child	Card Number	
	1)		Exp. Date	
	2)		Name as it appears on the card	
	4)		No. of Room Nights	

Date of Arrival:	Date of Departure:	Room Preference (Subject to Availability): Circle One: Non-Smoking Smoking		
<b>ROOM THREE</b>	Name - List Each Person First Last	TYPE	<b>METHOD OF PAYMENT (Please Circle one)</b> Master Card Visa AM EX Discover	
		P=Player - A=Adult C=Non Playing Child	Card Number	
	1)		Exp. Date	
	2)		Name as it appears on the card	
	4)		No. of Room Nights	

Date of Arrival:	Date of Departure:	Room Preference (Subject to Availability): Circle One: Non-Smoking Smoking		
<b>ROOM FOUR</b>	Name - List Each Person First Last	TYPE	<b>METHOD OF PAYMENT (Please Circle one)</b> Master Card Visa AM EX Discover	
		P=Player - A=Adult C=Non Playing Child	Card Number	
	1)		Exp. Date	
	2)		Name as it appears on the card	
	4)		No. of Room Nights	

Date of Arrival:	Date of Departure:	Room Preference (Subject to Availability): Circle One: Non-Smoking Smoking		
<b>ROOM FIVE</b>	Name - List Each Person First Last	TYPE	<b>METHOD OF PAYMENT (Please Circle one)</b> Master Card Visa AM EX Discover	
		P=Player - A=Adult C=Non Playing Child	Card Number	
	1)		Exp. Date	
	2)		Name as it appears on the card	
	4)		No. of Room Nights	

**Cancellations will be accepted by the hotel up until 72 hours prior to an individual's listed arrival date. Cancellations must be finalized by calling the hotel directly. Late cancellations or "NO SHOWS" will be charged for 1 room night plus tax. Early departures will be subject to a \$40 charge.**  
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# ROOMING LIST

Team Name \_\_\_\_\_ Team Contact \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Arrival:	Date of Departure:	Room Preference (Subject to Availability): Circle One: Non-Smoking Smoking	
<b>ROOM SIX</b>	<b>Name - List Each Person</b>		<b>METHOD OF PAYMENT (Please Circle one)</b>
	First	Last	Master Card Visa AM EX Discover
			Card Number
	1) _____		Exp. Date
	2) _____		Name as it appears on the card
3) _____			
4) _____		No. of Room Nights	

Date of Arrival:	Date of Departure:	Room Preference (Subject to Availability): Circle One: Non-Smoking Smoking	
<b>ROOM SEVEN</b>	<b>Name - List Each Person</b>		<b>METHOD OF PAYMENT (Please Circle one)</b>
	First	Last	Master Card Visa AM EX Discover
			Card Number
	1) _____		Exp. Date
	2) _____		Name as it appears on the card
3) _____			
4) _____		No. of Room Nights	

Date of Arrival:	Date of Departure:	Room Preference (Subject to Availability): Circle One: Non-Smoking Smoking	
<b>ROOM EIGHT</b>	<b>Name - List Each Person</b>		<b>METHOD OF PAYMENT (Please Circle one)</b>
	First	Last	Master Card Visa AM EX Discover
			Card Number
	1) _____		Exp. Date
	2) _____		Name as it appears on the card
3) _____			
4) _____		No. of Room Nights	

Date of Arrival:	Date of Departure:	Room Preference (Subject to Availability): Circle One: Non-Smoking Smoking	
<b>ROOM NINE</b>	<b>Name - List Each Person</b>		<b>METHOD OF PAYMENT (Please Circle one)</b>
	First	Last	Master Card Visa AM EX Discover
			Card Number
	1) _____		Exp. Date
	2) _____		Name as it appears on the card
3) _____			
4) _____		No. of Room Nights	

Date of Arrival:	Date of Departure:	Room Preference (Subject to Availability): Circle One: Non-Smoking Smoking	
<b>ROOM TEN</b>	<b>Name - List Each Person</b>		<b>METHOD OF PAYMENT (Please Circle one)</b>
	First	Last	Master Card Visa AM EX Discover
			Card Number
	1) _____		Exp. Date
	2) _____		Name as it appears on the card
3) _____			
4) _____		No. of Room Nights	

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# ROOMING LIST

Team Name \_\_\_\_\_ Team Contact \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Arrival:	Date of Departure:	Room Preference (Subject to Availability): Circle One: Non-Smoking Smoking		
<b>ROOM ELEVEN</b>	<b>Name - List Each Person</b>		TYPE	<b>METHOD OF PAYMENT (Please Circle one)</b>
	First	Last	P=Player - A=Adult C=Non Playing Child	<b>Master Card Visa AM EX Discover</b>
			Card Number	
1)			Exp. Date	
2)			Name as it appears on the card	
3)				
4)			No. of Room Nights	

Date of Arrival:	Date of Departure:	Room Preference (Subject to Availability): Circle One: Non-Smoking Smoking		
<b>ROOM TWELVE</b>	<b>Name - List Each Person</b>		TYPE	<b>METHOD OF PAYMENT (Please Circle one)</b>
	First	Last	P=Player - A=Adult C=Non Playing Child	<b>Master Card Visa AM EX Discover</b>
			Card Number	
1)			Exp. Date	
2)			Name as it appears on the card	
3)				
4)			No. of Room Nights	

Date of Arrival:	Date of Departure:	Room Preference (Subject to Availability): Circle One: Non-Smoking Smoking		
<b>ROOM THIRTEEN</b>	<b>Name - List Each Person</b>		TYPE	<b>METHOD OF PAYMENT (Please Circle one)</b>
	First	Last	P=Player - A=Adult C=Non Playing Child	<b>Master Card Visa AM EX Discover</b>
			Card Number	
1)			Exp. Date	
2)			Name as it appears on the card	
3)				
4)			No. of Room Nights	

Date of Arrival:	Date of Departure:	Room Preference (Subject to Availability): Circle One: Non-Smoking Smoking		
<b>ROOM FOURTEEN</b>	<b>Name - List Each Person</b>		TYPE	<b>METHOD OF PAYMENT (Please Circle one)</b>
	First	Last	P=Player - A=Adult C=Non Playing Child	<b>Master Card Visa AM EX Discover</b>
			Card Number	
1)			Exp. Date	
2)			Name as it appears on the card	
3)				
4)			No. of Room Nights	

Date of Arrival:	Date of Departure:	Room Preference (Subject to Availability): Circle One: Non-Smoking Smoking		
<b>ROOM FIFTEEN</b>	<b>Name - List Each Person</b>		TYPE	<b>METHOD OF PAYMENT (Please Circle one)</b>
	First	Last	P=Player - A=Adult C=Non Playing Child	<b>Master Card Visa AM EX Discover</b>
			Card Number	
1)			Exp. Date	
2)			Name as it appears on the card	
3)				
4)			No. of Room Nights	

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Team Name _____	Team Contact _____
Home Phone _____	Work Phone: _____ Fax: _____

Date of Arrival:	Date of Departure:	Room Preference (Subject to Availability): Circle One: Non-Smoking Smoking		
<b>ROOM SIXTEEN</b>	Name - List Each Person First Last	TYPE	<b>METHOD OF PAYMENT (Please Circle one)</b> Master Card Visa AM EX Discover	
		P=Player - A=Adult C=Non Playing Child	Card Number	
		1)	Exp. Date	
		2)	Name as it appears on the card	
		3)		
4)	No. of Room Nights			

Date of Arrival:	Date of Departure:	Room Preference (Subject to Availability): Circle One: Non-Smoking Smoking		
<b>ROOM SEVENTEEN</b>	Name - List Each Person First Last	TYPE	<b>METHOD OF PAYMENT (Please Circle one)</b> Master Card Visa AM EX Discover	
		P=Player - A=Adult C=Non Playing Child	Card Number	
		1)	Exp. Date	
		2)	Name as it appears on the card	
		3)		
4)	No. of Room Nights			

Date of Arrival:	Date of Departure:	Room Preference (Subject to Availability): Circle One: Non-Smoking Smoking		
<b>ROOM EIGHTEEN</b>	Name - List Each Person First Last	TYPE	<b>METHOD OF PAYMENT (Please Circle one)</b> Master Card Visa AM EX Discover	
		P=Player - A=Adult C=Non Playing Child	Card Number	
		1)	Exp. Date	
		2)	Name as it appears on the card	
		3)		
4)	No. of Room Nights			

Date of Arrival:	Date of Departure:	Room Preference (Subject to Availability): Circle One: Non-Smoking Smoking		
<b>ROOM NINETEEN</b>	Name - List Each Person First Last	TYPE	<b>METHOD OF PAYMENT (Please Circle one)</b> Master Card Visa AM EX Discover	
		P=Player - A=Adult C=Non Playing Child	Card Number	
		1)	Exp. Date	
		2)	Name as it appears on the card	
		3)		
4)	No. of Room Nights			

Date of Arrival:	Date of Departure:	Room Preference (Subject to Availability): Circle One: Non-Smoking Smoking		
<b>ROOM TWENTY</b>	Name - List Each Person First Last	TYPE	<b>METHOD OF PAYMENT (Please Circle one)</b> Master Card Visa AM EX Discover	
		P=Player - A=Adult C=Non Playing Child	Card Number	
		1)	Exp. Date	
		2)	Name as it appears on the card	
		3)		
4)	No. of Room Nights			

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## ROOMING LIST INSTRUCTIONS

As a condition of acceptance to the tournament, all "out of town" teams must stay at an authorized Action Tournaments Central hotel at the listed Action Tournaments Central rate. Discounts or promotional rates procured by any method are not applicable. Failure to comply and/or attempts to circumvent procedures and obligations will result in expulsion from the tournament. No monies will be refunded.

1. COMPLETE "TEAM CONTRACT". A HOTEL CANNOT BE ASSIGNED UNLESS THE "TEAM CONTRACT", COMPLETED IN ITS ENTIRETY, ACCOMPANIES THE TEAM'S ROOMING LIST FORM.
2. COMPLETE ALL SECTIONS OF THE "ROOMING LIST" FORM. SUBSTITUTE FORMS WILL NOT BE ACCEPTED.
3. AFTER COMPLETING "ROOMING LIST FORMS" INCLUDING THE "TEAM CONTRACT", SEND TO ACTION TOURNAMENTS CENTRAL BY FAX (734-425-9080) AS SOON AS POSSIBLE. YOUR LIST WILL THEN BE FORWARDED TO THE 1ST AVAILABLE TOURNAMENT HOTEL BASED ON YOUR PREFERENCES.
4. ROOMS MUST BE RESERVED WITH A VALID CREDIT CARD NUMBER. PLEASE HAVE ALL CREDIT CARD INFORMATION ON THE LISTS PRIOR TO SUBMITTING.
5. NOTIFICATION OF YOUR TEAM'S HOTEL & HOTEL CONTACT PERSON WILL BE SENT BY FAX OR E-MAIL, IN MOST CASES, WITHIN 72 HOURS AFTER LIST IS RECEIVED BY ACTION TOURNAMENTS CENTRAL.
6. TEAMS REQUESTING LODGING AT THE SAME HOTEL WITH OTHER TEAMS SHOULD INDICATE THIS IN THE SPACE PROVIDED ON THE "TEAM CONTACT" PAGE THAT ACCOMPANIES THE SPORTS WEEKEND "ROOMING LIST" FORM. FURTHERMORE, LISTS SHOULD BE SUBMITTED TOGETHER WHENEVER POSSIBLE.
7. CHANGES TO ROOMING LISTS AND SPECIAL REQUESTS REGARDING YOUR TEAM'S ROOM BLOCK SHOULD BE COORDINATED THROUGH YOUR HOTEL CONTACT PERSON ONLY. PLEASE NOTE: IN ORDER TO ACCOMMODATE YOUR GROUP AS COMFORTABLY AS POSSIBLE, IF ADDITIONAL PEOPLE HAVE DECIDED TO ATTEND THUS INCREASING THE NUMBER OF INDIVIDUALS IN A PARTICULAR ROOM, IT IS VERY IMPORTANT TO NOTIFY YOUR HOTEL REPRESENTATIVE OF THE CHANGE.
8. ALL HOTELS DO ATTEMPT TO CONFIGURE EACH TEAM'S BLOCK OF ROOMS AS CLOSE TO ONE ANOTHER WHENEVER POSSIBLE. HOWEVER, DO KEEP IN MIND THAT MANY VARIABLES SUCH AS BUT NOT LIMITED TO, SPECIAL REQUESTS, ROOMING LIST ADDITIONS, HOTEL CONFIGURATION, ETC., MAY TEND TO FRAGMENT YOUR TEAM'S ROOM BLOCK.
9. CANCELLATIONS WILL BE ACCEPTED BY THE HOTEL UP UNTIL 72 HOURS PRIOR TO THE LISTED ARRIVAL DATE.. INDIVIDUALS NOT CANCELLING PREVIOUSLY RESERVED ROOMS WILL BE CONSIDERED A "NO SHOW" AND WILL BE CHARGED FOR 1 ROOM NIGHT PLUS TAX.
10. EARLY DEPARTURES WILL BE SUBJECT TO A \$40.00 FEE (I.E. CHECKING OUT EARLIER THAN STATED IN THE "DATE OF DEPARTURE" AREA ON THE "ROOMING LIST" FORM).
11. AT CHECK-IN (REGARDLESS OF THE METHOD OF PAYMENT) A REPRESENTATIVE FROM EACH ROOM SHOULD LEAVE A CREDIT CARD IMPRINT TO COVER ANY INCIDENTAL CHARGES (I.E.-PHONE CALLS, ROOM SERVICE, MOVIES, ETC.) INCURRED THROUGHOUT THE WEEKEND.
12. TEAMS & INDIVIDUALS CAN CHECK-IN THROUGHOUT THE DAY OR EVENING. LISTED CHECK-IN TIME IS 4:00 P.M.. HOWEVER, DURING PERIODS OF HIGH OCCUPANCY, ROOMS MAY NOT BE AVAILABLE UPON ARRIVAL. ALL ROOMS ARE GUARANTEED FOR LATE ARRIVAL IF COMPLETE CREDIT CARD INFORMATION HAS BEEN PROVIDED ON THE ROOMING LIST FORM.
13. ROOMS ARE EQUIPPED WITH EITHER TWO STANDARD BEDS OR A KING SIZE BED WITH A PULL-OUT SOFA. HOWEVER, IN AN EFFORT TO ACCOMMODATE AS MANY TEAMS AS POSSIBLE WITH THEIR HOTEL OF CHOICE, ACTION TOURNAMENTS CENTRAL MAY OCCASIONALLY ASSIGN ROOMS EQUIPPED WITH A KING SIZE BED TO PARTIES LISTING A PARENT AND PLAYER ONLY (SQUIRT/ATOM AGE OR YOUNGER).
14. ROLLAWAYS/COTS ARE AVAILABLE AT MOST HOTELS. EXTRA CHARGES MAY APPLY FOR ROLLAWAYS.