

STATE TOURNAMENT HOTEL/MOTEL ROOMING INFORMATION 2009-2010 VOLLEYBALL

SCHOOL: _____ HEAD COACH: _____

CHECK IN DAY/DATE: _____ CHECK IN TIME: _____ a.m. p.m.

CHECK OUT DAY/DATE: _____ CHECK OUT TIME: _____ a.m. p.m.

PLEASE NOTE: Teams must notify the motel no later than Friday, 11:00 a.m. if the departure time is different than indicated above.

NOTE: Please fill in athletes/coaches names and hotel/motel management will assign room numbers.

ROOM # _____	ROOM # _____	ROOM # _____	ROOM # _____
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____

ROOM # _____	ROOM # _____	ROOM # _____	ROOM # _____
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____

ROOM # _____	ROOM # _____
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

Please fax form prior to November 16 to: Motel: Quality Inn & Suites
 Contact person(s): Kathy or Jeri Fax Number: 753-0449

THE SDHSAA WILL RESERVE 8 ROOMS PER QUALIFYING SCHOOL FOR THIS TOURNAMENT.

SHOULD YOU REQUIRE MORE ROOMS, IT IS YOUR RESPONSIBILITY TO
 CONTACT: Kathy or Jeri at (605) 886-3010.

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1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____

ROOM # _____	ROOM # _____	ROOM # _____	ROOM # _____
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____

ROOM # _____	ROOM # _____
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

Please fax form prior to November 16 to: Motel: Super 8
 Contact person(s): Pam Fax Number: 605-882-0734

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SHOULD YOU REQUIRE MORE ROOMS, IT IS YOUR RESPONSIBILITY TO
 CONTACT: Pam Vohlken at (605) 882-1900.

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ROOM # _____ ROOM # _____ ROOM # _____

1. _____ 1. _____ 1. _____

2. _____ 2. _____ 2. _____

3. _____ 3. _____ 3. _____

4. _____ 4. _____ 4. _____

ROOM # _____ ROOM # _____ ROOM # _____

1. _____ 1. _____ 1. _____

2. _____ 2. _____ 2. _____

3. _____ 3. _____ 3. _____

4. _____ 4. _____ 4. _____

ROOM # _____ ROOM # _____

1. _____ 1. _____

2. _____ 2. _____

3. _____ 3. _____

4. _____ 4. _____

Please fax form prior to November 16 to: Motel: Ramkota Hotel

Contact person(s): Cindy Cormier Fax Number: 605-886-3667

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SHOULD YOU REQUIRE MORE ROOMS, IT IS YOUR RESPONSIBILITY TO

CONTACT: Cindy Cormier at (605) 886-8011.