



OHIO GALAXIES COLLEGE SHOWCASE CONTACT INFORMATION

Please be sure to maintain accurate records for coaches and administrators in your team's application.

AGE GROUP (circle one): U15 U16 U17 U18 U19

GENDER (circle one): BOYS GIRLS

TEAM NAME: _____

COACH'S NAME: _____

COACH'S CELL PHONE: _____

Accepts text messaging: yes no

ALTERNATE CONTACT: _____

ALTERNATE CELL PHONE: _____

Accepts text messaging: yes no

HOTEL NAME: _____

HOTEL PHONE NUMBER: _____

NUMBER OF HOTEL ROOMS BOOKED: _____