



# Region Cup Showcase

## Emergency Contact Form



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Team Name: \_\_\_\_\_

Team Gender: \_\_\_\_\_

Age Group: \_\_\_\_\_

Head Coach Name: \_\_\_\_\_

Head Coach Cell #: \_\_\_\_\_

Manager Name: \_\_\_\_\_

Manager Cell #: \_\_\_\_\_

Hotel Name: \_\_\_\_\_

Hotel Phone #: \_\_\_\_\_