

# Group Information



**All Contest of Champions Groups must fill out this information form and return it to our office with your initial deposit and signed contract. We must have this form in order to make the correct initial reservations for your group.**

Group Name: \_\_\_\_\_

Type of Group: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Email Address: \_\_\_\_\_

**Director/Coach/Advisor:**

**Group Coordinator (if applicable):**

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

**Participants & Hotel Rooms:** In the space below, please estimate the total number of traveling members and hotel rooms needed for your group.

	#Performers	#Director(s)/Coach(s)	#Chaperones	#Others	#Hotel Rooms
Approx #					

**If you are scheduling all your own transportation, please disregard the following section:**

**AIR and/or GROUND TRANSPORTATION:**

If **Contest of Champions is providing** Air Reservations and/or Airport Transfers in Florida **OR** charter buses from your school to Orlando, please estimate the total number of reservations needed for your group below:

#Air Seats to Reserve

#Airport Transfers

**OR**

#Seats needed on Charter Bus(es)

**Please mail this form back with your signed contract and initial deposit payment. You may also fax it to our office at (407) 656-7466.**