



To: Athletic Directors of Competing Volleyball Schools
From: Andi Osters, Assistant Director
RE: Housing in Battle Creek for Volleyball Finals
Date: November 2024

Congratulations on your Regional Volleyball Championship. I wish your team the best in the Quarterfinal match tonight. The following information clarifies the housing that is available for the Final Tournament.

1. The attached form must be received by the Calhoun County Visitors Bureau by 10:00 a.m. on Wednesday, November 20. If the form is not received by said time, housing at the venue is not guaranteed.
2. You must provide credit card information to guarantee your rooms. If you do not provide credit card information, your room will NOT be reserved.
3. The room block is for only those schools participating in the Semifinals and Finals.
4. Your room block will be held by a credit card. The hotel will accept credit cards, cash, and school checks or money orders for payment. No personal checks or PO accounts will be accepted.
5. The available rooms are reserved for the "Team" and not the support group following your team. Additional housing is available at other locations.

ROOMING LIST

TEAM NAME: _____

Email this form to Jay Gladstone at jay@battlecreekvisitors.org

Room #1

Room #5

Room #2

Room #6

Room #3

Room #7

Room #4

Room #8

Teams are guaranteed up to 8 rooms initially, any remaining rooms will be divided up equally with all teams. (or given to those teams requesting additional rooms.)

MHSAA Team Rooming List - 2024

1. Please complete and email it to jay@battlecreekvisitors.org
2. A credit card will be needed to hold the reservations; a different form of payment can be used upon arrival (i.e. cash, credit or cashiers check) No personal or non-guaranteed checks.
3. Confirmation numbers will be emailed to the Main team contact and/or coach after rooming list is received.
4. Please print legibly and complete form in its entirety.
5. Your main contact at the Visitors Bureau is Jay Gladstone. Direct Line: 269-420-5973

Team Name: _____ Tax Exempt Y/N: _____ Method of Payment: _____

Main Contact name: _____ Cell Phone: _____

Email: _____

Coach name: _____ Cell Phone: _____

Email: _____

Of Rooms needed: _____ Number of Pages you are faxing: _____ Arrival Date: _____ Departure Date: _____

Credit Card #: _____ Expiration Date: _____ Card Type: _____

Name on Card: _____

Team Rep/ Main Contact Name	Number of rooms	Occupants Per room	Arrival Date	Departure Date **

The main team contact or team rep will need to be available at check in to check the team in and hand out room keys.

****We understand your departure date is hard to predict, but please include a date and note that it can be changed later. During your stay, if you realize that you will need to depart earlier or stay an additional night, please communicate that with the hotel's front desk staff.**

***In order to be exempt for the 6% state sales tax, please send in the school's tax ID letter.**