

CASL SHOOTOUT HOTEL LIST 2002

Hotel list, location, and rate per night without tax

Cary/Apex - Close for U12 and U13 - Nearby for U11, U14 and U15

La Quinta Cary	\$65	Residence Inn Cary 1BR	\$82
Holiday Inn Express Apex	\$66	Homewood Suites Cary	\$92
Hampton Inn Cary – Ashville	\$69	Residence Inn Cary 2BR	\$109
Courtyard Cary	\$72		

Cary/I-40 - Close for U14, U15, and some U16 - Nearby for U11 and U12

Towne Place Suites	\$59	Best Western Cary - Suites	\$79
Fairfield Cary	\$62	Holiday Inn Cary – Suites	\$89
Best Western Cary - Std. Room	\$69	Hampton Inn Ral. I-40	\$89
Holiday Inn Cary – Std. Room	\$75	Embassy Suites Ral/Dur Airport	\$109
Ramada Blue Ridge	\$76		

Crabtree - Close for none - Nearby for U16, U17, U18, and U19

Days Inn Crabtree	\$59	Hampton Inn Crabtree	\$73
Ramada Crabtree	\$64	Residence Inn Crabtree	\$87
Clarion Hotel Crabtree	\$66	Marriott Crabtree	\$89
Holiday Inn Crabtree	\$67	Homewood Suites Crabtree	\$92
Best Western Crabtree	\$68	Crabtree Summit	\$98.
Fairfield Inn Crabtree	\$71	Embassy Suites Crabtree	\$119

Central Raleigh - Close for U13 and some U14 - Nearby for U12, U16, U17, U18, and U19

Clarion State Capitol	\$72	Holiday Inn Brownstone	\$74
Sheraton Capitol Center	\$72		

Garner/I-40 East/Clayton - Close for U13 and some U14 - Nearby for U12

Comfort Inn South	\$62	Wingate Inn Garner	\$71
Holiday Inn Express Garner	\$64	Hampton Inn Garner	\$72

Raleigh North & East/Wake Forest - Close for U17, U18, U19, and some U16 - Nearby for no others

Red Roof Inn Ral. No.	\$52.99	AmeriSuites Raleigh	\$70
Comfort Inn North	\$59	Holiday Inn Express Ral. East	\$70
Sleep Inn Raleigh	\$59.95	MainStay Suites	\$70
Sleep Inn Wake Forest	\$60.95	Courtyard Raleigh North	\$72
Comfort Inn Six Forks	\$62		
Hampton Inn Raleigh North	\$62	Holiday Inn Raleigh North	\$73
Microtel Raleigh East	\$64.95	Comfort Suites Raleigh East	\$77
Country Inn & Suites	\$65	North Raleigh Hilton	\$82
Hampton Inn Capital Blvd. No.	\$67	Residence Inn Raleigh North	\$85
Hampton Inn Wake Forest	\$69	Quality Suites	\$89

Research Triangle Park/I-40 West-Close for U11 and U15-Nearby for U12, U14, U16, U17, U18, and U19

Baymont Hotel	\$59	Sheraton Imperial	\$77
Microtel RDU	\$59	AmeriSuites RDU	\$79
Wellesley Inn	\$62	Comfort Suites RTP	\$79
La Quinta RDU	\$65	Radisson Governors Inn	\$79
Fairfield Inn RTP	\$66	Holiday Inn RDU	\$80
Days Inn Airport	\$67	Homewood Suites RTP	\$82
Wingate RTP	\$67	Residence Inn RDU - 1BR	\$82
Wyndham Garden	\$68	Residence Inn RTP - 1 BR	\$82
Hampton Inn RDU	\$69	Hilton Garden Inn	\$86
Holiday Inn Express RDU	\$69	DoubleTree Suites	\$87
Spring Hill Suites	\$69	Residence Inn RDU - 2BR	\$109
Fairfield Inn RDU	\$71	Residence Inn RTP – 2BR	\$109
Courtyard Airport	\$72	Staybridge Suites - 2BR	\$149*
Courtyard Durham/RDU	\$72		

*2 bathrooms – sleeps eight

OFFICE USE ONLY
 HTL _____ FA _____
 _____ NSB _____
 _____ NEC _____
 \$ _____ ONS _____

CASL 2002
RALEIGH SHOOTOUT
ROOM RESERVATION FORM
Men - Nov 15-17, 2002
Women - Nov. 22-24, 2002

OFFICE USE ONLY
 1BOK _____
 _____ MC _____
 _____ NSREQ _____
 _____ #R _____

MAIL THIS FORM TO GLOBAL TRAVEL,
P.O. BOX 10727, RALEIGH NC 27605

Please type or print clearly

SOCCER TEAM NAME: _____ PLAYERS AGE:
 U _____ Boys Girls

Team ID # assigned on completion of tournament application: (Required for processing)

IMPORTANT: In order to participate in the CASL 2002 Raleigh Shootout, out of town teams are required to make hotel reservations using this form. **Reservations will be made and hotels assigned on a first come first served basis according to your team ID number.** Every possible consideration will be given to team preferences based on remaining availability. **Reservations will be confirmed in writing approximately three to four weeks prior to the tournament.** Along with your hotel assignment, you will be informed of the rate and other pertinent information.

Hotel preferences: Type hotel requested - Mark a "1" in your first choice and a "2" in your second choice.

First Class _____	Deluxe _____	Budget _____	Moderate _____	Moderate First Class _____
\$52-\$59	\$60-\$69		\$70-\$81	\$82-\$92
\$98-\$149				

If you have one or more preferred hotels, please list below or send in the hotel list showing your requested priority starting with #1. We cannot guarantee that you will be assigned to a hotel you request, however. Also, if you request a particular hotel and the rate is not within the range of your first or second choice as marked above, the rates marked will be given first priority. Team prefers to stay at:

Room preferences: Provide totals requested below. Numbers should match listings on pages three and four. **Maximum four persons per room.** Some rooms may come with one bed *and* a double width pullout sofa in lieu of two double beds. For rooms requested with two double beds, if sofa beds are not acceptable to your team, please make a check mark on the line below. Keep in mind, however, that this may narrow our ability to meet your requested hotel, rate, or special requests:
 No sofa beds _____

of rooms: Two doubles or one bed + sofa bed _____ One king or queen _____ Total rooms requested _____

Team representative: Complete this section for the person who should receive confirmations and other correspondence. Please **print clearly** and be sure to list **both** day and evening phone numbers. This information should match the housing contact information as completed on the tournament application form.

Team contact

name: _____

Street address or P.O.

Box: _____

City: _____ State: _____

ZIP: _____

Tel.: Day _____ Night _____

Fax _____

Email address: _____

ROOM RESERVATIONS – CASL 2002 RALEIGH SHOOTOUT - NOV. 15-17 & NOV. 22-24, 2002

Length of stay: Hotel rooms will be reserved for two nights except as noted on the top of the next page. If your team is close to Raleigh, some or all families may decide to commute or stay only one night, depending on the team's playing schedule. However, *schedules may not be available prior to hotel deadlines* and teams should discuss possible options in order to avoid charges. *A few hotels will not allow one night stays.* Therefore, **if your team is requesting two nights** and it is possible that some or all families **may** later decide to switch to a one night stay, please check here as appropriate: Four or more families one night only ____ Three or fewer one night only ____

Teams staying together: Teams will be guaranteed assignments to the same hotel if requested **and** tournament applications have consecutive ID numbers **and** teams request the same rate range **and** all the teams are assigned to play at the same field location. Otherwise see a. and/or b. below.

Team requests to stay with (other team name(s))

a. Stay together if assigned to different fields Yes ____ No ____ . If "Yes" is checked, a central location cannot be guaranteed but, an attempt will be made.

b. Applications **not** completed at the same time: Team is willing to give up better priority in order to stay with lower priority team. Yes ____ No ____ .

Guarantees and cancellations - Please read carefully

In order to negotiate the lowest possible rates and block large numbers of rooms, it is necessary to protect hotels against excessive last minute cancellations. It is also recognized that teams must be allowed some flexibility in order to accommodate for unforeseen circumstances. Therefore, hotels have agreed to a "phase out" cancellation policy. That policy is as follows: *No penalty for cancellations or changes received before noon 15 days prior to arrival . Between 15 days at noon and 8 days at noon, one night penalty for each room canceled in excess of 30% of team room count held 15 days prior to arrival. Between 8 days at noon and 2 days prior to arrival at noon the team may cancel a total of two rooms although the 30% maximum still applies. After noon two days prior to arrival each room canceled and no shows will result in one night penalty. **If you have not received your hotel assignment one week prior to the first penalty date, you may assume that it was delayed by the tournament or the postal service. The cancellation policy will still apply and it will be your responsibility to call Global Travel for information.***

Reservations guarantees are required. However, **no credit card information will be forwarded to any hotel until after your team is accepted into the tournament and the team contact has been**

notified of the hotel assigned, the cancellation policy, and the rate. All teams must agree to comply with the assigned hotel's cancellation policy. Therefore, please designate one credit card below for which you authorize us to charge penalties in the event that the credit card used to guarantee a room is invalid or payment to the hotel is not received for some other reason. **Individual credit card guarantees as shown on the next pages will be given first priority in case penalties must be assessed.**

Credit Card #: _____ Exp.

Date: _____

Card type (Visa, AX, etc.): _____ Name on

Card: _____

The above listed card is authorized for charges should it become necessary to charge a penalty for violation of the assigned hotel's contracted cancellation policy.

Signature of card holder: _____

Date: _____

Printed name of

cardholder _____

Note: All hotel assignments will be made by Global Travel. If you have questions about room reservations or about this form, please call **800 683-0856**, send a fax to **919 755-0629**, or email **mikes.gtc@wspan.com**. Please note that telephone reservations cannot be accepted. In order to keep the room reservations system orderly, **please be sure that only the team representative communicates with Global Travel.**

ROOM LIST – CASL 2002 RALEIGH SHOOTOUT - NOV. 15-17 & NOV. 22-24, 2002

SOCCKER TEAM

NAME: _____

If all rooms for your team are to be reserved for other than two nights check one of the following:
3 nights arriving 11/14 or 11/21 _____ **3 nights** arriving 11/15 or 11/22 _____ **1 night** arriving 11/16 or 11/23 _____

For each room, please list the **first and last name** of the person whose name should appear on the reservation. Try to be as accurate as possible in the number of rooms that you will need. Requests for too few rooms may cause a problem in finding space in the same hotel should you wish to add rooms later. Requests for too many rooms may make it more difficult to meet preferences of teams with lower priority numbers. Name changes will be allowed later as necessary.

Please mark a **"K"** on the right for rooms that do not require two beds, an **"R"** if requesting a rollaway (extra charge and subject to availability at check in), an **"S"** for smoking rooms, and an **"X"** beside rooms where the occupants will be staying a different number of nights than the remainder of the team. Due to the limited number of rooms in the area with two beds, **non smoking rooms** may be *guaranteed* only for guests who have **asthma or smoke allergies**. If anyone on your team qualifies, please mark the room with an **"A"**.

ROOM LIST – CASL 2002 RALEIGH SHOOTOUT - NOV. 15-17 & NOV. 22-24, 2002

SOCCER TEAM: _____

Rm 1: Name _____

Credit card #: _____ expiration date: ____/____

Rm 2: Name _____

Credit card #: _____ expiration date: ____/____

Rm 3: Name _____

Credit card #: _____ expiration date: ____/____

Rm 4: Name _____

Credit card #: _____ expiration date: ____/____

Rm 5: Name _____

Credit card #: _____ expiration date: ____/____

Rm 6: Name _____

Credit card #: _____ expiration date: ____/____

Rm 7: Name _____

Credit card #: _____ expiration date: ____/____

NAME: _____

Rm 8: Name _____

Credit card #: _____ expiration date: ____/____

Rm 9: Name _____

Credit card #: _____ expiration date: ____/____

ROOM LIST – CASL 2002 RALEIGH SHOOTOUT - NOV. 15-17 & NOV. 22-24, 2002

SOCCER TEAM: _____

Rm 10:Name _____

Credit card #: _____ expiration date: ____/____

Rm 11:Name _____

Credit card #: _____ expiration date: ____/____

Rm 12:Name _____

Credit card #: _____ expiration date: ____/____

Rm 13:Name _____

Credit card #: _____ expiration date: ____/____

Rm 14:Name _____

Credit card #: _____ expiration date: ____/____

Rm 15:Name _____

Credit card #: _____ expiration date: ____/____

Rm 16:Name _____

Credit card #: _____ expiration date: ____/____

Rm 17:Name _____

Credit card #: _____ expiration date: ____/____

Rm 18:Name _____

Credit card #: _____ expiration date: ____/____

Global Travel Vehicle Reservation Form 2002

Enterprise Rent-A-Car

Preferred Customer

MAIL THIS FORM TO GLOBAL TRAVEL, P.O. BOX 10727, RALEIGH NC 27605

Please complete this form for *each* vehicle. All information must be provided in order to process your rental request. Enterprise will shuttle renters to a nearby location for pickup.

This rental will be reserved for: Team Name: _____ ID #: _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Pick up date: _____ Pick up time: _____ A.M. _____ P.M.

Return date: _____ Return time: _____ A.M. _____ P.M.

Airline and flight number arrival: _____

Billing Information:

Credit Card Type: _____ # _____ Exp. _____

Name on Credit Card: _____

The following rental car size is requested: Please check only one line. **CALL FOR RATES**

_____ ECONOMY	\$/day	_____ LUXURY	\$
_____ INTERMEDIATE	\$	_____ 7 PASSENGER VAN	\$
_____ STANDARD	\$	_____ 15 PASSENGER VAN	\$
_____ FULL SIZE	\$	_____ SUV (Blazer, Pathfinder)	\$
_____ PREMIUM	\$	_____ SUV II (Suburban, Expedition)	\$

All vehicle rates plus tax and fees. **Vehicles in right column have penalties for cancellation inside 48 hours.** They also include 200 miles/day with additional miles at \$. per mile. Certificate of insurance required.

Email Confirmation to: _____

Special Instructions _____

ENTERPRISE CONF # _____ BY: _____

Global Travel Vehicle Reservation Form 2002

Thrifty Car Rental

MAIL THIS FORM TO GLOBAL TRAVEL, P.O. BOX 10727, RALEIGH NC 27605

Please complete this form for *each* vehicle. All information must be provided in order to process your rental request. Thrifty will shuttle renters to a nearby location for pickup.

This rental will be reserved for: Team Name: _____ ID #: _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Pick up date: _____ Pick up time: _____ A.M. _____ P.M.

Return date: _____ Return time: _____ A.M. _____ P.M.

Airline and flight number arrival: _____

Billing Information:

Credit Card Type: _____ # _____ Exp. _____

Name on Credit Card: _____

The following rental car size is requested: Please check only one line.

Rates For Forms Received By 10/18

_____ COMPACT	\$17.99/day
_____ MIDSIZE	\$19.99
_____ FULL SIZE	\$27.99
_____ LUXURY	\$48.96
_____ MINIVAN (7 PSGR)	\$54.96
_____ GRAND CARAVAN (7 PSGR)	\$64.96
_____ 15 PASSENGER	\$79.96

Rates After 10/18

_____ COMPACT	\$28.96/day
_____ MIDSIZE	\$33.96
_____ FULL SIZE	\$37.96
_____ LUXURY	\$48.96
_____ MINIVAN (7 PSGR)	\$59.96
_____ GRAND CARAVAN (7 PSGR)	\$69.96
_____ 15 PASSENGER	\$89.96

All unlimited mileage. All rates plus tax and fees.

Email Confirmation to: _____

Special Instructions _____

THRIFTY CONF. # _____ BY: _____

