



NATIONAL
TRAINING
CENTER

TEAM INFORMATION FORM

Team Name: _____

Coach's Name: _____

Coach's Cell Phone Number: _____

First Day of Training: _____ Last Day of Training: _____

Number of Athletes: _____ Number of Coaches/Staff: _____

Name and Phone Number of Lodging Provider: (Hotel or Rental Agency)

Number of Rooms or Houses: _____

Name and Location of Rental Car Company (if only personal vehicles used, write "none"):

Number of Vehicles: _____

How did you hear about the NTC?

Is this your first time to the NTC? Yes

If a returning team, how many times have you been here previously for training?

**Please complete ALL information and return by email to
pureathleticsntc@gmail.com**