

**(PAGE #1 NEEDED)**

# **OFFICIAL ENTRY FORM**

2020 NJCAA Division III Men's Basketball Championship  
March 10<sup>th</sup> – 14<sup>th</sup>, 2020  
Rochester, Minnesota

**Please type all information**

E-mail pages #1-5 to: [kcurran@rochestermnsports.org](mailto:kcurran@rochestermnsports.org)



Name of College: \_\_\_\_\_

School Mascot/Nickname: \_\_\_\_\_ Region: \_\_\_\_\_ District: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ School Colors: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

College AD: \_\_\_\_\_ 2019-2020 Season Record: \_\_\_\_\_



**(PAGE #3 NEEDED)**  
**ORDER FORM**

**BANQUET INFORMATION:**

\_\_\_\_\_ Number of people attending banquet @ \$30.00 each = \$\_\_\_\_\_

**TOURNAMENT PROGRAM:**

\_\_\_\_\_ Number of Tournament programs requested @ \$3.00 each = \$\_\_\_\_\_

<b>Total Order (Banquet &amp; Programs) = \$_____</b>
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**Payments must be received before tournament play starts.**

**Checks or Credit Cards accepted.**

You can bring a check with you or call 507-280-4725 to pay with a credit card. Checks should be made payable to: Rochester MN Sports

**(PAGE #4 NEEDED)**

## **TEAM TRAVEL INFORMATION**

Day of Arrival \_\_\_\_\_

Est. Time of Arrival \_\_\_\_\_

Mode of Transportation \_\_\_\_\_

Flight Number \_\_\_\_\_

Connections \_\_\_\_\_

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### **Official Team Practice Day 1** **Monday, March 9<sup>th</sup>**

*\*Based off of seeding\* (Only seeds 8, 9, 5, 12)*

**WHAT TIME WOULD YOU PREFER PRACTICE? 1 team per slot (first come first serve)**

4 – 4:55pm

5 – 5:55pm

6 – 6:55pm

7 – 7:55pm

*\*These times slots are subject to change and will be based off of when teams will be getting into Rochester, Minnesota\**

**Teams that are or are not practicing on Monday, March 9<sup>th</sup> are still welcome to practice/shootaround in the fieldhouse. There are 2 courts reserved in the fieldhouse from 6 am – 5pm. If you would like to practice in the fieldhouse, please contact the tournament director at [kcurran@rochestermnsports.org](mailto:kcurran@rochestermnsports.org)**

## **Official Team Practice Day 2** **Tuesday, March 10<sup>th</sup>**

**\*Based off of seeding\* (Seeds 6, 11, 7, 10, 1, 2, 3, 4)**

**WHAT TIME WOULD YOU PREFER PRACTICE?** 1 Team per slot (first come first serve). The 6, 11, 7, 10 seeds will get the **first four** practice times. The 1, 2, 3, 4 seeds will get the **last four** practice times.

9 – 9:55am

10 – 10:55am

11 – 11:55am

12 – 12:55pm

1 – 1:55pm

2 – 2:55pm

3 – 3:55pm

4 – 4:55pm

Teams that are or are not practicing on Tuesday, March 10<sup>th</sup> are still welcome to practice/shootaround in the fieldhouse. There are 3 courts reserved in the fieldhouse from 6 am – 5pm. If you would like to practice in the fieldhouse, please contact the tournament director at [kcurran@rochestertermnsports.org](mailto:kcurran@rochestertermnsports.org)

**HOTEL PRE-ARRIVAL FORM – send to Hotel**



**Pre-Arrival Information**

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

Team Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Estimated Time of Arrival at Hotel: \_\_\_\_\_

Form of Transportation: \_\_\_\_\_

\*\* Please note that the hotel does provide complimentary shuttle transportation to the Rochester International Airport, Regional Sports Center, Banquet location, and area businesses on buses that accommodate 20 people. Please contact the hotel contact below if your team requests utilizing the shuttle.

Special Parking Needs: \_\_\_\_\_

Form of Payment: \_\_\_\_\_

Fax or e-mail this form to:

**Kristine Ihrke**  
**Phone: 507-292-7337**  
**Fax: 507-282-2042**  
**[kihrke@soldiersfield.com](mailto:kihrke@soldiersfield.com)**

**HOTEL PRE-ARRIVAL FORM – send to Hotel**



**Group Rooming List Form**

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

Estimated Arrival Time: \_\_\_\_\_

In House Contact & Phone Number \_\_\_\_\_

The hotel has reserved up to 12 rooms with two queen beds and 1 king room, nonsmoking for your team. Please inform the hotel if you would like to request additional rooms or different room types

Room 1:

Room 11:

Room 2:

Room 12:

Room 3:

Room 13:

Room 4:

Room 5:

Room 6:

Room 7:

Room 8:

Room 9:

Room 10:

**HOTEL PRE-ARRIVAL FORM – send to Hotel**

SPRINGHILL SUITES®

MARRIOTT

**Pre-Arrival Information**

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

Team Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Estimated Time of Arrival at Hotel: \_\_\_\_\_

Form of Transportation: \_\_\_\_\_

\*\* Please note that the hotel does provide complimentary shuttle transportation upon future request. Contact Reazul to schedule shuttle needs\*\*

Special Parking Needs: \_\_\_\_\_

Form of Payment: \_\_\_\_\_

Fax or e-mail this form to:

**Cara Castelli**

**Phone: 507-696-2807**

**Fax: 507-218-3340**

**[cara.castelli@tpihospitality.com](mailto:cara.castelli@tpihospitality.com)**



# HOTEL PRE-ARRIVAL FORM – send to Hotel



## **Group Rooming List Form**

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

Estimated Arrival Time: \_\_\_\_\_

In House Contact & Phone Number \_\_\_\_\_

The hotel has reserved up to 15 rooms with two queen beds nonsmoking for your team. Please inform the hotel if you would like to request additional rooms or different room types

Room 1:

Room 11:

Room 2:

Room 12:

Room 3:

Room 13:

Room 4:

Room 5:

Room 6:

Room 7:

Room 8:

Room 9:

Room 10:

**HOTEL PRE-ARRIVAL FORM – send to Hotel**



**Pre-Arrival Information**

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

Team Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Estimated Time of Arrival at Hotel: \_\_\_\_\_

Form of Transportation: \_\_\_\_\_

Special Parking Needs: \_\_\_\_\_

Form of Payment: \_\_\_\_\_

Fax or e-mail this form to:

**Andy Thilges**  
**Phone: 507-361-4208**  
**Fax: 507-361-3131**  
**[Andy.thilges@hilton.com](mailto:Andy.thilges@hilton.com)**

**HOTEL PRE-ARRIVAL FORM – send to Hotel**



**Group Rooming List Form**

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

Estimated Arrival Time: \_\_\_\_\_

In House Contact & Phone Number \_\_\_\_\_

The hotel has reserved up to 15 rooms with two queen beds and a sofa sleeper and nonsmoking for your team. Please inform the hotel if you would like to request additional rooms or different room types

Room 1:

Room 2:

Room 3:

Room 4:

Room 5:

Room 6:

Room 7:

Room 8:

Room 9:

Room 10:

**HOTEL PRE-ARRIVAL FORM – send to Hotel**

*Kahler*  
**INN & SUITES**

**Pre-Arrival Information**

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

Team Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Estimated Time of Arrival at Hotel: \_\_\_\_\_

Form of Transportation: \_\_\_\_\_

Special Parking Needs: \_\_\_\_\_

Form of Payment: \_\_\_\_\_

Fax or e-mail this form to:

**Michelle Allen**  
**Phone: 507-285-4045**  
**[mallen@kahlerhospitalitygroup.com](mailto:mallen@kahlerhospitalitygroup.com)**

HOTEL PRE-ARRIVAL FORM – send to Hotel

*Kahler*  
INN & SUITES

**Group Rooming List Form**

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

Estimated Arrival Time: \_\_\_\_\_

In House Contact & Phone Number \_\_\_\_\_

The hotel has reserved up to 12 rooms with two queen beds and a sofa sleeper and nonsmoking for your team. Please inform the hotel if you would like to request additional rooms or different room types

Room 1:

Room 2:

Room 3:

Room 4:

Room 5:

Room 6:

Room 7:

Room 8:

Room 9:

Room 10: