

(PAGE #1 NEEDED)

OFFICIAL ENTRY FORM

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

Please type all information

E-mail pages #1-5 to: 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: _____

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ORDER FORM

BANQUET INFORMATION:

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

TOURNAMENT PROGRAM:

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

Total Order (Banquet & Programs) = \$_____



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

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TEAM TRAVEL INFORMATION

Day of Arrival _____

Est. Time of Arrival _____

Mode of Transportation _____

Flight Number _____

Connections _____

Official Team Practice Day 1 **Monday, March 9th**

**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 9th 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

Official Team Practice Day 2 **Tuesday, March 10th**

***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 10th 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@rochestermnsports.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

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

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

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

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: