

MID ATLANTIC

CHAMPIONSHIP

House-A-Player Form

I. Homeowner Information

Contact Name: _____
Address: _____
City/State/Zip Code: _____
Email Address: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____
Best Time to Call: _____
Approximate Distance in Miles to TPC Potomac _____

II. Rental Home Information (If different from above.)

Address: _____
City/State/Zip Code: _____
Rental Home Phone: _____

III. Room and Bedding Arrangements

Number of Guests to House: _____
Number of Bedrooms Available: _____
Bed Sizes in each room available: (Please circle)
Bedroom #1: King(s) / Queen(s) / Doubles(s) / Twin(s) / Pull-out Couch(s)
Bedroom #2: King(s) / Queen(s) / Doubles(s) / Twin(s) / Pull-out Couch(s)
Bedroom #3: King(s) / Queen(s) / Doubles(s) / Twin(s) / Pull-out Couch(s)
Number of Bathrooms Available: Full ____ Half ____
Smoking Permitted: Yes / No Pets Permitted: Yes / No
Do you have any pets? Yes / No (If Yes, what type?) Dog / Cat /
Other _____

For questions and form submission please contact:

Kathleen O'Neill
Player Services Committee Chair
oneill_kathleen@bah.com

