

IDT HOTEL "BUYOUT" FORM

Team Name _____

Head Coach _____

Team Hotel Coordinator _____

Coordinator's email _____

Coordinators cell phone _____

Contracted Hotel _____

Address _____

Contract Date _____

Hotel Contact _____

Phone Number _____

Dates _____

Number of Rooms _____

Room Rate _____

In order to be released from the Boulder CVB and TTI Hotel Room Block Requirement for the 2025 IDT please send your check for \$1000, made out to BCGS, by the June 10, 2025 deadline, to:

BCGS
PO Box 3237
Boulder, CO 80307