

Windy City National Qualifier Housing Waiver Request

Date: _____ Region: _____

Club Name: _____

Contact Name and Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Clubs within 50 miles of McCormick Place may commute without staying at a hotel in the block.

Q. How is 50 miles measured?

A. The distance is measured from McCormick Place (2301 S. Martin Luther King Drive, Chicago, IL 60616) to the Club's address as listed in Webpoint. Clubs within 50 miles of the venue do not need to stay. Being that this is a tournament hosted by the Region and for the benefit of Region members, we would hope that even the clubs within the 50 mile radius would stay in a beautiful discounted downtown hotel. Those clubs whose address is listed outside the 50 mile radius will be required to use the 12 room nights per team minimum stay in the Qualifier's block of hotels.

We certainly hope that clubs outside the 50 mile requirement can find the means to reserve four (4) rooms for three 3 nights or 6 (six) rooms for two (2) nights or any other combination that will total the minimum 12 room night requirement.

Staying together at a downtown Chicago hotel, will offer a team experience like no other.

Type of waiver being requested: (Waivers for clubs and full teams must be submitted prior to be accepted into the event)

• **Waiver for a local club** _____ **REASON/EXPLANATION:** _____

• **Waiver for club/team staying in homes or condo** _____ **REASON/EXPLANATION:** _____

Teams/clubs that rent a house, condo and/or time-share may be issued a waiver if and when proper documentation is provided.

• **INDIVIDUAL Waiver for medical and disaster emergencies** _____ (could reduce the required minimum # of room nights)
Included under this waiver: a) Hospitalization or death of an immediate family member (mother, father, sibling or grandparent),
b) Medical reason for a player missing the tournament, c) The area surrounding the player's home has been declared a "state of emergency" or "disaster area" by the local governance.

REASON/EXPLANATION: _____

If it is an illness or injury a doctor's note must accompany the waiver.

Send to Windy City National Qualifier at: windycitynq@glrvb.com or fax to 331-212-4009