



LACROSSE CANADA
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LACROSSE.CA
18 RUE LOUISA STREET, SUITE 310
OTTAWA, ON K1R 6Y6

APPENDIX 25-9

Accommodations Declaration Form

On behalf of the _____ (team) I declare that our rooms are in adequate condition at check in.

With the following noticeable exceptions:

Room #	
Room #	
Room #	
Room #	
Room #	
Room #	
Room #	

Team Representative:	Dated:
Host Representative:	Dated: