

GROUP ROOMING LIST FORM

Instructions: Please enter below the first and last name of each person staying in each room. Next to each name please indicate if this person is an **"A"=Adult, "P" = Performer, "C"=Child/Non-performer, or "I"= Infant**. Include any special requests such as connecting rooms, handicapped, fridge or crib. If room will deviate from the group itinerary, please indicate in the space provided the check-in and check-out date of that room. Please scroll to bottom and click 'Submit Form' when done.

Group Name: _____ Phone Number: _____

Email Address: _____ Hotel: _____

| ROOM # | Check-In: | Check-Out: |
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| 1. | 3. | |
| 2. | 4. | |
| <i>Requests:</i> | | |

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