

ROOMINGLIST

Group Name: _____ **Arrival Time:** _____

Arrival Date: _____ **Departure Date:** _____

Confirmed Number of Students: _____ **Confirmed Number of Chaperones:** _____

Number of Tour Leaders: _____ **Number of Bus Drivers:** _____

Note: Please indicate adults with –CHAPERONE e.g. JOHN SMITH-CHAPERONE

For Office Use Only

Hotel Name:

Telephone Number:

Hotel Address:

Quads:

Triples:

Doubles:

Singles:

Total rooms:

Attention Group Reservations:

Please turn off HBO for our student groups. Please keep our rooms together.

Security Company:

Please do not exceed

floor(s.)

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