

Hotel Rooming List

(Make copies of form if necessary.)
(Please bring copy of form with any changes upon check-in)

Hotel _____

Phone (_____)

Contact Person: _____

Number of Rooms Reserved: _____

PERSON RESPONSIBLE FOR GROUP: _____

ESTIMATED TIME OF ARRIVAL: _____

Persons in Room # _____

Persons in Room # _____

Persons in Room # _____

Persons in Room # _____

Persons in Room # _____

Persons in Room # _____
