

# 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 # \_\_\_\_\_

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Persons in Room # \_\_\_\_\_

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Persons in Room # \_\_\_\_\_

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Persons in Room # \_\_\_\_\_

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Persons in Room # \_\_\_\_\_

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Persons in Room # \_\_\_\_\_

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