



# Rooming List

Team/Gym/School/Program Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone \_\_\_\_\_

### SAMPLE

ROOM # 1 Type:  Q  T  D  S P C S A

1. <u>Savanna Smith</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>Katie Johnson</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>Janie Peters</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Instructions:

- ▶ Fill in your organization name, contact name and phone.
- ▶ Organize your team, coaches, spectators by rooms.
- ▶ Mark the room # and type for each group
  - Q = Quad 4 people in a room 2 beds
  - T = Triple 3 people in a room 1 bed, 1 pullout
  - D = Double 2 people in a room 1 bed
  - S = Single 1 person in a room 1 bed
- ▶ Check the appropriate guest type for each person
  - P = Participant C = Coach S = Spectator A = Alternate
- ▶ Copy this form if your organization has more than 10 rooms.

March 16-18, 2012 Myrtle Beach SC

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1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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For submitting multiple Rooming Lists - PAGE \_\_\_\_\_ of \_\_\_\_\_