

School Name _____ City _____ State _____

Circle one: CHEER DANCE MASCOT PARTNER STUNT

Medical Forms needed: Total # of Adults _____ Total # of Minors _____

ROOMING LIST

IMPORTANT: This form must be completed in order for your registration to be accepted. Reservations will be entered according to the dates below and charged as such. List below names in full of people staying in either quad (4), triple (3), double (2), or single (1), rooms. In parenthesis, specify one of the following for each person: (P) = Participant (A) = Advisor (F) = Family/Friend

PLEASE NOTE: Rollaway beds are not available. (PLEASE PRINT OR TYPE)

SINGLES (ONE IN EACH ROOM)

1. _____ P/A/F () Arrival Date () Depart Date ()

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DOUBLES (TWO IN EACH ROOM)

1. _____ P/A/F () Arrival Date () Depart Date ()

2. _____ P/A/F () Arrival Date () Depart Date ()

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2. _____ P/A/F () Arrival Date () Depart Date ()

TRIPLES (THREE IN EACH ROOM)

1. _____ P/A/F () Arrival Date () Depart Date ()

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QUADS (FOUR IN EACH ROOM)

1. _____ P/A/F () Arrival Date () Depart Date ()

2. _____ P/A/F () Arrival Date () Depart Date ()

3. _____ P/A/F () Arrival Date () Depart Date ()

4. _____ P/A/F () Arrival Date () Depart Date ()

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***Any changes made after January 6, 2009 will result in a \$50 fee per change.
This INCLUDES rooming changes or name changes not provided prior to January 6, 2009.
This form is due with registration no later than December 5, 2008.**

Please tear out along the perforations. You may make copies of this form.