



Rooming List Form

School Name: _____

School Address: _____

School Phone: _____

Advisor (s) : _____

Please group students and adults according to the way they wish to be assigned to rooms.

If rooming with adults or students from another school, please note name of school.

If you request a multiple occupancy room and are unable to fill, some students will be roomed with another school, if possible, or you will be charged accordingly.

Please type full names - Do not type in the room column.

Room	Female Students	Room	Male Students
	1. 2. 3. 4.		1. 2. 3. 4.
	1. 2. 3. 4.		1. 2. 3. 4.
	1. 2. 3. 4.		1. 2. 3. 4.
	1. 2. 3. 4.		1. 2. 3. 4.
Room	Female Advisors	Room	Male Advisors
	1. 2. 3.		1. 2. 3.
	1. 2. 3.		1. 2. 3.