

US SPIRIT 2012 ROOMING LIST

Name of Team/School/Squad: _____
 Main Contact Person: _____
 Address: _____
 Phone: _____

<Select Hotel>

- Hard Rock Hotel
 Royal Pacific Resort

<For Group arrivals>

Estimated Time of Arrival is _____.

Room# 1

	Guest (1)	Guest (2)	Guest (3)	Guest (4) - Chaperone
Last Name				
First Name				
Arrival Date				
Departure Date				
Age				
Billing	<input type="checkbox"/> Room and Tax to Master	<input type="checkbox"/> Room and Tax to Master	<input type="checkbox"/> Room and Tax to Master	<input type="checkbox"/> Room and Tax to Master
	<input type="checkbox"/> All charges on Own	<input type="checkbox"/> All charges on Own	<input type="checkbox"/> All charges on Own	<input type="checkbox"/> All charges on Own
Credit Card Number				
Expiration Date				
Special Request/Notes				

Room# 2

	Guest (1)	Guest (2)	Guest (3)	Guest (4) - Chaperone
Last Name				
First Name				
Arrival Date				
Departure Date				
Age				
Billing	<input type="checkbox"/> Room and Tax to Master	<input type="checkbox"/> Room and Tax to Master	<input type="checkbox"/> Room and Tax to Master	<input type="checkbox"/> Room and Tax to Master
	<input type="checkbox"/> All charges on Own	<input type="checkbox"/> All charges on Own	<input type="checkbox"/> All charges on Own	<input type="checkbox"/> All charges on Own
Credit Card Number				
Expiration Date				
Special Request/Notes				

**If you have more than (4) rooms, please use 2nd page for copying. Thank you!

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Room# _____

	Guest (1)	Guest (2)	Guest (3)	Guest (4) - Chaperone
Last Name				
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Departure Date				
Age				
Billing	<input type="checkbox"/> Room and Tax to Master	<input type="checkbox"/> Room and Tax to Master	<input type="checkbox"/> Room and Tax to Master	<input type="checkbox"/> Room and Tax to Master
	<input type="checkbox"/> All charges on Own	<input type="checkbox"/> All charges on Own	<input type="checkbox"/> All charges on Own	<input type="checkbox"/> All charges on Own
Credit Card Number				
Expiratatin Date				
Special Request/Notes				

Room# _____

	Guest (1)	Guest (2)	Guest (3)	Guest (4) - Chaperone
Last Name				
First Name				
Arrival Date				
Departure Date				
Age				
Billing	<input type="checkbox"/> Room and Tax to Master	<input type="checkbox"/> Room and Tax to Master	<input type="checkbox"/> Room and Tax to Master	<input type="checkbox"/> Room and Tax to Master
	<input type="checkbox"/> All charges on Own	<input type="checkbox"/> All charges on Own	<input type="checkbox"/> All charges on Own	<input type="checkbox"/> All charges on Own
Credit Card Number				
Expiratatin Date				
Special Request/Notes				