

NATIONAL ASSOCIATION FOR CAMPUS ACTIVITIES

OCTOBER 22-26, 2008

HOTEL RESERVATION FORM AND ROOMING LIST

(Please use second sheet if necessary)

CONTACT NAME _____ HOME PHONE _____

SCHOOL _____ SCHOOL PHONE _____

SCHOOL ADDRESS _____

DATE OF ARRIVAL _____ DATE OF DEPARTURE _____

PLEASE TYPE ALL INFORMATION: Please group students and adults according to the way they wish to be assigned rooms.

ROOM 1 _____
2 _____
3 _____
4 _____

ROOM 1 _____
2 _____
3 _____
4 _____

ROOM 1 _____
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ROOM 1 _____
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ROOM 1 _____
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ROOM 1 _____
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ROOM 1 _____
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ROOM 1 _____
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