



## Rooming List

School: \_\_\_\_\_

Location: \_\_\_\_\_

Hotel: \_\_\_\_\_

Date: \_\_\_\_\_

*Please type or use black ink. Copy as needed.*

Room #	Names of Occupants	Names of Occupants	Room Type	S/A	M/F	Notes – please include food allergies and special room requirements
	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.				

Types of Rooms **Q** – Quad **T** – Triple **D** – Double **S** – Single **S/A** – Student or Adult **M/F** – Male/Female

**Return by Fax to: Peak Performance Tours (215) 598-8694**