

# ROOM ASSIGNMENT FORM

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*Make additional copies as needed*

Chapter \_\_\_\_\_

## WEDNESDAY ARRIVALS

(LIST ALPHABETICALLY BY ROOM CAPTAIN

Continue numbers consecutively from page 1)

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ROOM #	Last Name	First Name	Last Name	First Name
1)	_____	_____	3)	_____
2)	_____	_____	4)	_____

Date of Arrival \_\_\_\_\_ Date of Departure \_\_\_\_\_ Smoking

**Special requests:** Upgraded room (floors 17-23)  Disabled (wheelchair accessible)  Roll-a-way  Refrigerator

Card Type \_\_\_\_\_ # \_\_\_\_\_ Exp. \_\_\_\_\_

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