

ROOM ASSIGNMENT FORM

Make additional copies as needed

Chapter _____

THURSDAY ARRIVALS

(LIST ALPHABETICALLY BY ROOM CAPTAIN

Continue numbers consecutively from page 1)

ROOM #	Last Name	First Name	Last Name	First Name
1)	_____	_____	3)	_____
2)	_____	_____	4)	_____
Date of Arrival _____		Date of Departure _____		Smoking <input type="checkbox"/>
Special requests: Upgraded room (floors 17-23) <input type="checkbox"/> Disabled (wheelchair accessible) <input type="checkbox"/> Roll-a-way <input type="checkbox"/> Refrigerator <input type="checkbox"/>				
Card Type _____		# _____		Exp. _____

ROOM #	Last Name	First Name	Last Name	First Name
1)	_____	_____	3)	_____
2)	_____	_____	4)	_____
Date of Arrival _____		Date of Departure _____		Smoking <input type="checkbox"/>
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