



ROOMING LIST

GROUP NAME: _____

Please **TYPE** or **PRINT** the First & Last Name of each person staying in every room. Indicate All Adults (“A”) and any Infants (“I”) under the age of (3) three. **DO NOT** assign more than (4) four people to a room. Also indicate by room any necessary cribs, handicapped or extended stays needed. In order to guarantee your reservations, you must mail this form **at least (5) five days prior** to the due date in your contract. Your final invoice cannot be calculated without this form. Duplicate as needed. You may fax to **407-656-7466**.

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