



OFFICER & TEAM HOTEL CAMP ROOMING LIST

Please send hotel rooming list **ASAP** and no later than **ONE MONTH** prior to camp. If we do not have room reservations by deadline, we cannot guarantee room reservations for your group. Please note there is not a charge for name changes but cancellations will be charged a deposit fee. Make copies of this form as necessary to include all rooms.

School Name _____ Director Name _____

Camp Attending _____ Total Rooms Needed _____

My team will be arriving early and need a room the night prior to camp: Yes No

**Please note that there are only a limited number of rooms available for early arrival. We cannot guarantee your reservations but will do our best to accommodate your needs. Any requests must be submitted on or before April 25th deadline.*

Please clearly PRINT in all names for selected room.

Please indicate, by marking a * on rooming list by the Chaperones, Spouses or Children that will need the meal plan provided by Danceline. By doing so, I understand that this will be an added fee to our overall camp balance.

ROOM #1

Full Name _____ Position on Team _____

ROOM #2

Full Name _____ Position on Team _____

ROOM #3

Full Name _____ Position on Team _____

ROOM #4

Full Name _____ Position on Team _____

ROOM #5

Full Name _____ Position on Team _____

ROOM #6

Full Name _____ Position on Team _____

ROOM #7

Full Name _____ Position on Team _____

ROOM #8

Full Name _____ Position on Team _____

