



ADULT TOURNAMENT ROOMING LIST

Tournament & Date: _____

Team Name: _____ Team Rep's Name: _____

(Please indicate extra night's accommodation to the LEFT of the Room Number)
*****ALL HOTEL ROOMS ARE NON SMOKING*****

PLEASE STATE ARRIVAL TIME: _____

IF ARRIVING BY TRAIN or PLANE PLEASE NOTE SUNDAY DEPARTURE TIME. _____

Means of transport: **Auto** **Train** **Plane** **Bus**

PLAYERS

GUESTS

Room#1 _____

Room#2 _____

Room#3 _____

Room#4 _____

Room#5 _____

Room#6 _____

Room#7 _____

Room#8 _____

Room#9 _____

Room#10 _____

Room#11 _____

Room#12 _____

Room#13 _____

Room#14 _____