

## TOURS DE SPORT - ROOMING LIST

|                     |            |                 |
|---------------------|------------|-----------------|
| Trip Code:          | Trip Date: | Hotel:          |
| Group Leader:       |            |                 |
| Phone (D):          | Phone (N): | Departure Time: |
| Departure Location: |            |                 |

Please indicate your **REQUESTS** by circling the appropriate information for each room: Circle # Beds and smoking preferences  
 These are **REQUESTS ONLY** to the Hotel and can **NOT** be guaranteed by Tours de Sport  
 Mark a "(D)" next to each person driving to the hotel. Use arrows to indicate a request for adjoining rooms.  
**\* You will be billed for each name on this rooming list. DO NOT place a name on this list until payment is received.**

\*\*\*\*\* FIRST AND LAST NAMES ARE REQUIRED TO SECURE ROOM\*\*\*\*\*

\* Children 12 & Under traveling at the children's rate, do NOT count towards room occupancy; Adults 13 & Over determine occupancy & room rate

| Smoking / Non-Smoking    # Beds 1 / 2 | Smoking / Non-Smoking    # Beds 1 / 2 | Smoking / Non-Smoking    # Beds 1 / 2 |
|---------------------------------------|---------------------------------------|---------------------------------------|
| 1                                     | 1                                     | 1                                     |
| 2                                     | 2                                     | 2                                     |
| Smoking / Non-Smoking    # Beds 1 / 2 | Smoking / Non-Smoking    # Beds 1 / 2 | Smoking / Non-Smoking    # Beds 1 / 2 |
| 1                                     | 1                                     | 1                                     |
| 2                                     | 2                                     | 2                                     |
| Smoking / Non-Smoking    # Beds 1 / 2 | Smoking / Non-Smoking    # Beds 1 / 2 | Smoking / Non-Smoking    # Beds 1 / 2 |
| 1                                     | 1                                     | 1                                     |
| 2                                     | 2                                     | 2                                     |
| Smoking / Non-Smoking    # Beds 1 / 2 | Smoking / Non-Smoking    # Beds 1 / 2 | Smoking / Non-Smoking    # Beds 1 / 2 |
| 1                                     | 1                                     | 1                                     |
| 2                                     | 2                                     | 2                                     |
| 3                                     | 3                                     | 3                                     |
| Smoking / Non-Smoking    # Beds 1 / 2 | Smoking / Non-Smoking    # Beds 1 / 2 | Smoking / Non-Smoking    # Beds 1 / 2 |
| 1                                     | 1                                     | 1                                     |
| 2                                     | 2                                     | 2                                     |
| 3                                     | 3                                     | 3                                     |
| 4                                     | 4                                     | 4                                     |
| Smoking / Non-Smoking    # Beds 1 / 2 | Smoking / Non-Smoking    # Beds 1 / 2 | Smoking / Non-Smoking    # Beds 1 / 2 |
| 1                                     | 1                                     | 1                                     |
| 2                                     | 2                                     | 2                                     |
| 3                                     | 3                                     | 3                                     |
| 4                                     | 4                                     | 4                                     |
| Smoking / Non-Smoking    # Beds 1 / 2 | Smoking / Non-Smoking    # Beds 1 / 2 | Smoking / Non-Smoking    # Beds 1 / 2 |
| 1                                     | 1                                     | 1                                     |
| 2                                     | 2                                     | 2                                     |
| 3                                     | 3                                     | 3                                     |
| 4                                     | 4                                     | 4                                     |

Group Leader's Use

TDS Office Use



**Sample Form  
on Back --->**

# TOURS DE SPORT- ROOMING LIST

Trip Code: **3125**      Trip Date: **Jan 7-9, 2000**      Hotel: **Holiday Inn Uniontown**  
 Group Leader: **CINDY WETZEL**  
 Phone (day): **(410) 555-4567**      Phone (night): **(410) 987-6543**      Bus Departure Time: **6:30 PM**  
 Departure Location: **CARNEY PARK & RIDE, Harford Road - 1/4 mile North of Joppa Road**  
**(just past shopping center) CARNEY, MD 21234**

Please indicate your REQUESTS by circling the appropriate information for each room: Circle # Beds and smoking preferences  
 These are **REQUESTS ONLY** to the Hotel and can **NOT** be guaranteed by Tours de Sport

Mark a "(D)" next to each person driving to the hotel. Use arrows to indicate a request for adjoining rooms.  
 Children's ages should be in parenthesis next to the child's name

| Smoking / Non-Smoking    # Beds 1 / 2 | Smoking / Non-Smoking    # Beds 1 / 2 | Smoking / Non-Smoking    # Beds 1 / 2 |
|---------------------------------------|---------------------------------------|---------------------------------------|
| 1 <b>WENDY ROGERS</b>                 | 1 <b>CHARLES SMITH (D)</b>            | 1                                     |
| 2 <b>BRENDA STAPLES</b>               | 2 <b>STEVEN CARTER (D)</b>            | 2                                     |
| 1                                     | 1                                     | 1                                     |
| 2                                     | 2                                     | 2                                     |
| 1                                     | 1                                     | 1                                     |
| 2                                     | 2                                     | 2                                     |

SAMPLE

| Smoking / Non-Smoking    # Beds 1 / 2 | INSTRUCTIONS FOR THIS FORM |
|---------------------------------------|----------------------------|
|---------------------------------------|----------------------------|

|                           |   |
|---------------------------|---|
| 1 <b>LAWRENCE THOMAS</b>  | 1) Complete the top section in full.  |
| 2 <b>FELCIE THOMAS</b>    | 2) Fill in the names to complete each room. Each block represents a room        |
| 3 <b>RONALD THOMAS</b>    | 3) FULL NAMES must be indicated for each guest.                                 |
| 1                         | 4) Mark "VIP" next to the Group Leader's Name.                                  |
| 1 <b>RICHARD DAVIS</b>    | 5) Denote with arrows the rooms that you request to be adjoining or adjacent.   |
| 2 <b>MARGARET DAVIS</b>   | 6) Indicate the ages of children under 12 -ex. Randy Davis (8)                  |
| 3 <b>RANDY DAVIS (8)</b>  | 7) Circle 1 or 2 to indicate the number of beds requested in each room.         |
| 4 <b>MAGGIE DAVIS (3)</b> | 8) Circle Smoking / Non-Smoking to indicate the guests' requests for each room. |
| 1                         | 9) Indicate any guest driving to the hotel by placing a "(D)" after their name. |
| 2                         | 10) Use Summary Box below to tally your completed rooming list.                 |
| 3                         | 11) Only adults (Children do not) count towards room occupancy                  |
| 4                         | Ex. 2 adults + 1 child in room = Double Room + child                            |
|                           | 12) Use this form to complete the Final Billing Worksheet.                      |

Group Leader's Use

TDS Office Use

