

ROOMING LIST

Group Leader : _____

Group Name : _____

Check-in Date : ____ / ____ / ____

Check-out Date : ____ / ____ / ____

No	Guest Name	Gender (M / F)	Room Type	Room Number	Special Requests	Phone Number
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Prepared by: _____

Date : ____ / ____ / ____