

TOURS DE SPORT - NON-SMOKING 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
 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

# Beds 1 / 2	# Beds 1 / 2	# Beds 1 / 2
1	1	1
2	2	2
# Beds 1 / 2	# Beds 1 / 2	# Beds 1 / 2
1	1	1
2	2	2
# Beds 1 / 2	# Beds 1 / 2	# Beds 1 / 2
1	1	1
2	2	2
# Beds 1 / 2	# Beds 1 / 2	# Beds 1 / 2
1	1	1
2	2	2
3	3	3
# Beds 1 / 2	# Beds 1 / 2	# Beds 1 / 2
1	1	1
2	2	2
3	3	3
4	4	4
# Beds 1 / 2	# Beds 1 / 2	# 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 - NON-SMOKING ROOMING LIST

Trip Code: **3125**

Trip Date: **Feb 14 - 16, 2014** Hotel: **Nichols Village Hotel & Spa**

Group Leader: **CINDY WETZEL**

Phone (D): **(410) 555-4567**

Phone (N): **(410) 987-6543**

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
 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

# Beds 1 / 2	# Beds 1 / 2	# Beds 1 / 2
1 WENDY ROGERS	1 CHARLES SMITH (D)	1
2 BRENDA STAPLES	2 STEVEN CARTER (D)	2

# Beds 1 / 2	# Beds 1 / 2	# Beds 1 / 2
1	1	1
2	2	2

# Beds 1 / 2	# Beds 1 / 2	# Beds 1 / 2
1	1	1
2	2	2

SAMPLE

# Beds 1 / 2	INSTRUCTIONS FOR THIS FORM
1 LAWRENCE THOMAS	1) Complete the top section in full.
2 FELCIE THOMAS	2) Fill in the names to complete each room. Each block represents a room
3 RONALD THOMAS	3) FULL NAMES must be indicated for each guest.

# Beds 1 / 2	4) Mark "VIP" next to the Group Leader's Name.
1 RICHARD DAVIS	5) Denote with arrows the rooms that you request to be adjoining or adjacent.
2 MARGARET DAVIS	6) Indicate the ages of children under 12 -ex. Randy Davis (8)
3 RANDY DAVIS (8)	7) Circle 1 or 2 to indicate the number of beds requested in each room.
4 MAGGIE DAVIS (3)	8) Circle Smoking / Non-Smoking to indicate the guests' requests for each room.

# Beds 1 / 2	9) Indicate any guest driving to the hotel by placing a "(D)" after their name.
1	10) Use Summary Box below to tally your completed rooming list.
2	11) Only adults (Children do not) count towards room occupancy
3	Ex. 2 adults + 1 child in room = Double Room + child
4	12) Use this form to complete the Final Billing Worksheet.

Group Leader's Use

TDS Office Use

