

Group Rooming List due by
 Please complete list and return to Lied Lodge a minimum of 4 weeks prior to arrival.
 Check-In Time is after 4:00pm and Check-Out Time is 11:00am
 Please list each name only once on the rooming list.



GROUP NAME:						Contact:		
Guest Name	Number of meeting attendees in room	Number of adults in room NOT attending meeting	Number of children in room	Arrival Date	Staying how many nights	Departure Date	Smoking or Non Request	Shuttle required - note shuttle info on additional pages
Example - JOE SMITH	1			April 29, 2005	2	May 1, 2005	Non	No
Share with - BILL BROWN	1			April 30, 2005	1	May 1, 2005	Non	Yes
Example - JANE DOE	1			April 30, 2005	1	May 1, 2005	Non	Yes
Share with - JOHN DOE		1	1	April 30, 2005	1	May 1, 2005	Non	Yes
NAME:								
SHARE:								
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TOTAL	0	0	0					