

STATE TOURNAMENT HOTEL/MOTEL ROOMING INFORMATION

SCHOOL: _____ HEAD COACH: _____

CHECK IN DAY/DATE: _____ CHECK IN TIME: _____ a.m. p.m.

CHECK OUT DAY/DATE: _____ CHECK OUT TIME: _____ a.m. p.m.

PLEASE NOTE: Teams must notify the motel no later than Friday, 11:00 a.m. if the departure time is different than indicated above.

NOTE: Please fill in cheerleaders/athletes/coaches names and hotel/motel management will assign room numbers.

ROOM # _____	ROOM # _____	ROOM # _____	ROOM # _____
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____

ROOM # _____	ROOM # _____	ROOM # _____	ROOM # _____
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____

ROOM # _____	ROOM # _____	ROOM # _____	ROOM # _____
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____