rooming list

CRAGUN'S
CONFERENCE AND GOLF RESORT

All reservations received by rooming list are guaranteed by your organization.

Group Name: _____

Planner and/or Housing Contact: _____

Phone Number: _____

- List **SPECIAL REQUESTS** for dietary or handicapped needs in the special request column.
- Indicate **SMOKING (S)** or **NON-SMOKING (NS)** in right-hand column.
- List each person's name only once.
- Rooming lists must be received **45 days prior** to arrival.

PLEASE PRINT OR TYPE

NAME	ARR DATE	DEP DATE	ROOMMATE OR SPOUSE	CHILD(REN) & AGES	S or NS SPECIAL REQUEST

rooming list con't

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Group Name: _____ **Page #** _____

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NAME	ARR DATE	DEP DATE	ROOMMATE OR SPOUSE	CHILD(REN) & AGES	S or NS SPECIAL REQUEST