

Please complete and return by: _____

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CTI Group Adventures

42 Orchard Street
Asheville, NC 28801

Phone: 828.285.0008 Fax: 828-285-0009

ROOMING LIST

GROUP NAME: _____ DATE CHECK-IN: _____

GROUP LEADER: _____ DATE CHECK-OUT: _____

LODGING LOCATION: _____

*******EXPECTED TIME OF ARRIVAL AND MODE OF TRANSPORTATION ARE VERY IMPORTANT*******

EXPECTED TIME OF ARRIVAL: _____ MODE OF TRANSPORTATION: _____

BUS DRIVER ROOM(S) MUST BE LISTED (EVEN IF CTI IS HANDLING TRANSPORTATION)

Room #	Age	Room #	Age
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
Room #	Age	Room #	Age
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
Room #	Age	Room #	Age
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	