

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)

Male	Age	Female	Age
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
12		12	
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	

PLEASE REFER TO YOUR PRINTED CONTRACT FOR THE EXACT NUMBER OF PEOPLE THE HOUSE(S) YOU HAVE RESERVED WILL ACCOMMODATE.