

MICHIGAN DANCE CHALLENGE

ROOM LIST FORM ONLY

SPECIFY: 2 beds/2people – D/D
 1bed/2 people – K
 1bed/1 person – S

	NAME PLEASE PRINT OR TYPE	Arrival D/D.K.S	Depart D/D.K.S
ROOM 1	SMOKING/NON		
ROOM 2	SMOKING/NON		
ROOM 3	SMOKING/NON		
ROOM 4	SMOKING/NON		
ROOM 5	SMOKING/NON		
ROOM 6	SMOKING/NON		
ROOM 7	SMOKING/NON		
ROOM 8	SMOKING/NON		
ROOM 9	SMOKING/NON		

CONFIRMATION ADDRESS:

STUDIO _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 TELEPHONE _____ - _____
 E-MAIL _____

Hotel check-in time: After 3pm
 Hotel checkout time: before 12 noon
 Late checkout available for an extra charge