

ROOM BLOCK ROSTER

When reserving a block of rooms for your team, please complete this form and assign a name to each room and indicate room type and amenities. Your completed form **MUST** be returned to the Wi St USBC B A 30 days prior to your arrival. Please copy this form for any additional names. **PLEASE PRINT.**

Name _____	Arrival _____	Departure _____	# of Beds	Smoking	Hdcp
1. _____	_____	_____	1 or 2	S or N	Y or N
Credit Card # _____		Card Type _____		Exp Date _____	
2. _____	_____	_____	1 or 2	S or N	Y or N
Credit Card # _____		Card Type _____		Exp Date _____	
3. _____	_____	_____	1 or 2	S or N	Y or N
Credit Card # _____		Card Type _____		Exp Date _____	
4. _____	_____	_____	1 or 2	S or N	Y or N
Credit Card # _____		Card Type _____		Exp Date _____	
5. _____	_____	_____	1 or 2	S or N	Y or N
Credit Card # _____		Card Type _____		Exp Date _____	
6. _____	_____	_____	1 or 2	S or N	Y or N
Credit Card # _____		Card Type _____		Exp Date _____	
7. _____	_____	_____	1 or 2	S or N	Y or N
Credit Card # _____		Card Type _____		Exp Date _____	
8. _____	_____	_____	1 or 2	S or N	Y or N
Credit Card # _____		Card Type _____		Exp Date _____	
9. _____	_____	_____	1 or 2	S or N	Y or N
Credit Card # _____		Card Type _____		Exp Date _____	
10. _____	_____	_____	1 or 2	S or N	Y or N
Credit Card # _____		Card Type _____		Exp Date _____	

Note: The credit card number provided on the front of this form will be used to guarantee all reserved rooms unless additional card information is provided. No shows and cancellations received less than 48 hours prior to arrival will be charged to the guaranteeing credit card. Upon check-in, each guest will be asked to provide a credit card for payment of the actual room charges.