|  |  |  |
| --- | --- | --- |
| School Name: | | Sport: |
| Principal: | Person in Charge of Supervision: | |
| Athletic Director: | AD Email: | AD Cell: |
| Coach: | Coach Email: | Coach Cell: |
| Hotel: | Arrival Date: | Arrival Time: |

**WVSSAC STATE TOURNAMENT ROOMING LIST**

1. List each person who will be staying in room and his or her capacity. (Coach or Player) 2. Reservations should be made as early as possible.  
3. After making reservations, send a copy of the room list to the WVSSAC office (FAX 304-428-5431) or email to [Wayne.Ryan@wvssac.org](mailto:Wayne.Ryan@wvssac.org) and to the hotel/motel contact person. If any changes are made to the room list, a revised copy should be submitted to the hotel/motel management immediately upon arrival. If you are going to participate in the hotel lottery drawing at the Basketball State Tournament Meeting in Parkersburg, please complete this form and email to [Wayne.Ryan@wvssac.org](mailto:Wayne.Ryan@wvssac.org) ASAP. Form must be typed. If you are paying your own expenses, you still must forward us your rooming list.

**ROOM RATE:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Room #1** | **Name** | **Official Capacity** | **Room #9** | **Name** | **Official Capacity** |
| 1. |  | Choose an item. | 1. |  | Choose an item. |
| 2. |  | Choose an item. | 2. |  | Choose an item. |
| 3. |  | Choose an item. | 3. |  | Choose an item. |
| 4. |  | Choose an item. | 4. |  | Choose an item. |
| **Room #2** | **Name** | **Official Capacity** | **Room #10** | **Name** | **Official Capacity** |
| 1. |  | Choose an item. | 1. |  | Choose an item. |
| 2. |  | Choose an item. | 2. |  | Choose an item. |
| 3. |  | Choose an item. | 3. |  | Choose an item. |
| 4. |  | Choose an item. | 4. |  | Choose an item. |
| **Room #3** | **Name** | **Official Capacity** | **Room #11** | **Name** | **Official Capacity** |
| 1. |  | Choose an item. | 1. |  | Choose an item. |
| 2. |  | Choose an item. | 2. |  | Choose an item. |
| 3. |  | Choose an item. | 3. |  | Choose an item. |
| 4. |  | Choose an item. | 4. |  | Choose an item. |
| **Room #4** | **Name** | **Official Capacity** | **Room #12** | **Name** | **Official Capacity** |
| 1. |  | Choose an item. | 1. |  | Choose an item. |
| 2. |  | Choose an item. | 2. |  | Choose an item. |
| 3. |  | Choose an item. | 3. |  | Choose an item. |
| 4. |  | Choose an item. | 4. |  | Choose an item. |
| **Room #5** | **Name** | **Official Capacity** | **Room #13** | **Name** | **Official Capacity** |
| 1. |  | Choose an item. | 1. |  | Choose an item. |
| 2. |  | Choose an item. | 2. |  | Choose an item. |
| 3. |  | Choose an item. | 3. |  | Choose an item. |
| 4. |  | Choose an item. | 4. |  | Choose an item. |
| **Room #6** | **Name** | **Official Capacity** | **Room #14** | **Name** | **Official Capacity** |
| 1. |  | Choose an item. | 1. |  | Choose an item. |
| 2. |  | Choose an item. | 2. |  | Choose an item. |
| 3. |  | Choose an item. | 3. |  | Choose an item. |
| 4. |  | Choose an item. | 4. |  | Choose an item. |
| **Room #7** | **Name** | **Official Capacity** | **Room #15** | **Name** | **Official Capacity** |
| 1. |  | Choose an item. | 1. |  | Choose an item. |
| 2. |  | Choose an item. | 2. |  | Choose an item. |
| 3. |  | Choose an item. | 3. |  | Choose an item. |
| 4. |  | Choose an item. | 4. |  | Choose an item. |
| **Room #8** | **Name** | **Official Capacity** | **Room #16** | **Name** | **Official Capacity** |
| 1. |  | Choose an item. | 1. |  | Choose an item. |
| 2. |  | Choose an item. | 2. |  | Choose an item. |
| 3. |  | Choose an item. | 3. |  | Choose an item. |
| 4. |  | Choose an item. | 4. |  | Choose an item. |

**TOTAL TEAM ROOMS:**

**Please email a copy of this form to Wayne Ryan at the WVSSAC office:** [**Wayne.Ryan@wvssac.org**](mailto:Wayne.Ryan@wvssac.org)