**WVSSAC STATE TOURNAMENT ROOMING LIST**

|  |  |  |
| --- | --- | --- |
| School Name:wvssac30 | | Sport: SOCCER |
| Principal: | Person in Charge of Supervision: | |
| Athletic Director: | Athletic Director Email: | Athletic Director Cell: |
| Coach: | Coach Email: | Coach Cell: |
| Hotel: | Arrival Date: | Arrival Time: |

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) 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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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)