**WVSSAC STATE TOURNAMENT ROOMING LIST**

|  |  |  |
| --- | --- | --- |
| School Name: | Athletic Director cell: | Sport: Cross Country |
| Principal: | Athletic Director: | Coach: |
| Person in Charge of Supervision: | | Hotel: |
| Coach Cell: | Coach Email: | |

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:****TOTAL PARENT ROOMS:**

**Please email a copy of this form to Anna Brown at the WVSSAC office: anna.brown@wvssac.org**