

# PINEGROVE RANCH & RESORT

PO BOX 209, KERHONKSON, NY 12446

PH: 800 346-4626 FAX: 845 626-3988 Resv. #: \_\_\_\_\_

**ROOMING LIST DATED AS OF:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

PPL: \_\_\_\_\_

RMS: \_\_\_\_\_

GROUP NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ARRIVAL / DEPARTURE DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

ARRIVAL VIA: BUS INDIVIDUAL (CIRCLE ONE)

REMARKS/ REQUESTS: \_\_\_\_\_

**NOTE: ALL BUS ARRIVALS MUST HAVE CLEARLY MARKED LUGGAGE TAGS WITH THE GROUP NAME AND GUEST NAME.**

## OFFICE USE ONLY

For billing purposes, upon check-in I have reviewed the rooming list below and hereby agree that it is correct as noted: Dated \_\_\_\_\_

Group Representative: Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_

**NOTE: BILLING IS BASED ON FINAL ROOMING LIST. PLEASE INDICATE GROUND FLOOR IF NEEDED. NO MORE THAN 50% OF A GROUP MAY BE PLACED ON GROUND FLOOR. SORRY, WE CANNOT GUARANTEE ANY REQUESTS.**

<u>ROOM #</u>	<u>GUEST NAME</u>	<small>ADULT CHILD 4-16 INFANT (CIRCLE ONE)</small>	<u>SPECIAL REQUESTS</u> <u>Please Specify if Chaperone.</u>
1.		A / C / I	
2.		A / C / I	
3.		A / C / I	
4.		A / C / I	
5.		A / C / I	

**ROOM 1 TOTAL GUESTS** \_\_\_\_\_

<u>ROOM #</u>	<u>GUEST NAME</u>	<small>ADULT CHILD 4-16 INFANT (CIRCLE ONE)</small>	<u>SPECIAL REQUESTS</u> <u>Please Specify if Chaperone.</u>
1.		A / C / I	
2.		A / C / I	
3.		A / C / I	
4.		A / C / I	
5.		A / C / I	

**ROOM 2 TOTAL GUESTS** \_\_\_\_\_

<u>ROOM #</u>	<u>GUEST NAME</u>	<small>ADULT CHILD 4-16 INFANT (CIRCLE ONE)</small>	<u>SPECIAL REQUESTS</u> <u>Please Specify if Chaperone.</u>
1.		A / C / I	
2.		A / C / I	
3.		A / C / I	
4.		A / C / I	
5.		A / C / I	

**ROOM** \_\_\_\_\_ **TTL GUESTS** \_\_\_\_\_

<u>ROOM #</u>	<u>GUEST NAME</u>	<u>ADULT CHILD 4-16 INFANT (CIRCLE ONE)</u>	<u>SPECIAL REQUESTS</u> <u>Please Specify if Chaperone.</u>
1.		A / C / I	
2.		A / C / I	
3.		A / C / I	
4.		A / C / I	
5.		A / C / I	
ROOM ____ TTL GUESTS _____			

<u>ROOM #</u>	<u>GUEST NAME</u>	<u>ADULT CHILD 4-16 INFANT (CIRCLE ONE)</u>	<u>SPECIAL REQUESTS</u> <u>Please Specify if Chaperone.</u>
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3.		A / C / I	
4.		A / C / I	
5.		A / C / I	
ROOM ____ TTL GUESTS _____			

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ROOM ____ TTL GUESTS _____			

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	2.	A / C / I	
	3.	A / C / I	
	4.	A / C / I	
	5.	A / C / I	
	ROOM ____ TTL GUESTS _____		