Rooming List Template

Company Name:
Group Name:
Arrival Date:
Departure Date:
Group Contact:
Email Address:

Address:
Address 2:
City:
State:
Zip:

Guest's Last Name	Guest's First Name	Arrival Date	Departure Date	Bed Type Requested	Smoking or Non-Smoking	Additional Comments	Guest's Last Name	Guest's First Name	Guest's Last Name	Guest's First Name	Guest's Last Name	Guest's First Name	Frequent Flier #	Airline Frequent Number

Directions:

Please begin by filling out the company information at the top of the document by entering your contact in Cell B1.

Enter the guest information starting with Cell A8. The tab button can be used to navigate horizontally across the rows. The enter button can be used to navigate vertically down columns.