

US SPIRIT 2016 ROOMING LIST

(FAX) 407-503-9208
(Email) UniversalGroups@loewshotels.com

Name of Team/School/Squad: _____
 Main Contact Person: _____
 Address: _____

 Phone: _____
 Email Address: _____

<Select Hotel>

- Universal's Cabana Bay Beach Resort
 Hard Rock Hotel at Universal Orlando
 Loews Royal Pacific Resort

Group Arrival/Departure Information

Estimated Time of Arrival: _____
 Estimated Time of Departure: _____
 Method of Transportation: _____

Room# 1 of ()

	Guest (1)	Guest (2)
Last Name		
First Name		
Arrival Date (mm/dd)		
Departure Date (mm/dd)		
Age		
Billing	<input type="checkbox"/> Room & Tax Pre-pay	<input type="checkbox"/> Room & Tax Pre-pay
	<input type="checkbox"/> All Charges on Own	<input type="checkbox"/> All Charges on Own
Special Request/Notes		

	Guest (3)	Guest (4)
Last Name		
First Name		
Arrival Date (mm/dd)		
Departure Date (mm/dd)		
Age		
Billing	<input type="checkbox"/> Room & Tax Pre-pay	<input type="checkbox"/> Room & Tax Pre-pay
	<input type="checkbox"/> All Charges on Own	<input type="checkbox"/> All Charges on Own
Special Request/Notes		

**If you have more than (1) room, please use 2nd page for copying. Thank you!

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Special Request/Notes		

**Please copy this page for more rooms. Thank you!