

Rooming List- Portage Soccer Classic 2005
 (Please print clearly and fax to 269-343-0430, make copies as needed)

Room	Occupant	CC# and type	Exp. Date	Hotel	Room Type	S/NS*	Arrival Date	Departure Date
1.	_____	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____	_____	_____

To guarantee your room, please provide the credit card information. **If credit card information is not provided, your room will NOT be reserved.**
***Preferences are made known to hotel but cannot be guaranteed.**

Main contact (*confirmation will be sent to this person*):

Name _____
 Address _____
 City _____ State _____ Zip _____ Email _____
 Day Phone () _____ - _____
 Evening Phone () _____ - _____
 Fax () _____ - _____

Please indicate if you are physically challenged or need special requirements:

Please contact the housing department at (800) 530-9192 or e-mail hotels@kazoochamber.com. You'll receive an acknowledgement from the Kalamazoo County Convention & Visitors Bureau.

I would like to receive my acknowledgement via ___ e-mail ___ fax ___ mail

Rates Guaranteed until May 20, 2005