

2019 NCYC Hotel Rooming List

Contact Person: _____ Email: _____

Group Name: _____ City: _____

Total number of adults: _____ Total number of teens: _____

Please list four persons to a room and identify each room as **“adult” or “teen” and “Male” or “Female”**. In the interest of using space efficiently, if you have rooms that are not full, the Adolescent Faith Form. Office may add persons from other groups in order to fill hotel rooms. Please submit forms to Pastoral Center no later than September 1.

“Adult” is ≥18 and out of high school “Teen” is ≤18 and/or in high school

Four-Person Groupings

1. _____ 2. _____ 3. _____ 4. _____	All people in this grouping are: <input type="checkbox"/> Teens who are <input type="checkbox"/> Adults who are <input type="checkbox"/> Male <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Female <input type="checkbox"/> Married Couple
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1. _____ 2. _____ 3. _____ 4. _____	All people in this grouping are: <input type="checkbox"/> Teens who are <input type="checkbox"/> Adults who are <input type="checkbox"/> Male <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Female <input type="checkbox"/> Married Couple
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(If you have more four-person groupings, please use other copies of this form.)

Three-Person Grouping 1. _____ 2. _____ *3. _____	All people in this grouping are: <input type="checkbox"/> Teens who are <input type="checkbox"/> Adults who are <input type="checkbox"/> Male <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Female <input type="checkbox"/> Married Couple
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*indicates person most willing to room with another group if necessary
 (If you have more three-person groupings, please use other copies of this form.)

Two-Person Grouping 1. _____ 2. _____	All people in this grouping are: <input type="checkbox"/> Teens who are <input type="checkbox"/> Adults who are <input type="checkbox"/> Male <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Female <input type="checkbox"/> Married Couple
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(two-person groupings may be combined with other two-person groupings)

(If you have more two-person groupings, please use other copies of this form.)

One-Person (will be placed with another group) 1. _____	This person is: <input type="checkbox"/> Adult <input type="checkbox"/> Male <input type="checkbox"/> Teen <input type="checkbox"/> Female
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(If you have more one-person “groupings,” please use other copies of this form.)