



Resident Package Room Assignment Form

Return This Form by December 15, 2018 for Valid Registration!

Please complete and return this rooming assignment information to AmeriCheer & AmeriDance. **PLEASE NOTE: YOU MUST FILL IN THE APPROPRIATE PACKAGE ABBREVIATION FOR EACH PERSON IN THE ROOM SO WE MAY INVOICE YOU CORRECTLY.** Please print all names clearly. Duplicate this form as necessary.

School / Organization: _____

Room # next to Each Room: Please number each room in order.

Name: List the first and last name of each person in that room.

Individual Type: Check One per Person: **(COM)** Competitor; **(ADV)** Advisor/Coach; **(FF)** Family/Friend; **(CH)** Non-Competing Child (Ages 3-9)

Package Abbreviations: Write in one of the following for each person: Silver Anniversary Package **(SP)** (Includes 4 Day/4 Park Ticket); Silver Anniversary Package Plus **(SPL)** (Includes 4 Day Hopper Ticket); Ultimate Package **(UP)** (Includes 3 Day/3 Park Ticket); Ultimate Package Plus **(UPL)** (Includes 3 Day Hopper Ticket); Grand Plain Package **(GP)** (Includes 2 Day/2 Park Ticket); Grand Package Plus **(GPL)** (Includes 3 Day/3 Park Ticket); Grand Package Hopper Plus **(GPHL)** (Includes 3 Day Park Hopper Ticket)

Extra Nights: If a room would like to extend their stay, please list the number of nights with corresponding dates.

Arrival/Departure Day:- Check one of the appropriate arrival and departure dates next to the corresponding package title.

Room #	Name	Individual Type - Check One Per Person				Resort - Circle One Per Room		Package Abbreviation - One Per Person	Extra Night(s) Example: 4 Nights—Arriving 3/13—Departing 3/21
# _____	1. _____	<input type="checkbox"/> COM	<input type="checkbox"/> ADV	<input type="checkbox"/> FF	<input type="checkbox"/> CH	All Star	Caribbean	_____	# of Extra Nights: _____
	2. _____	<input type="checkbox"/> COM	<input type="checkbox"/> ADV	<input type="checkbox"/> FF	<input type="checkbox"/> CH			_____	Arrival Date: _____
	3. _____	<input type="checkbox"/> COM	<input type="checkbox"/> ADV	<input type="checkbox"/> FF	<input type="checkbox"/> CH			_____	Departure Date: _____
	4. _____	<input type="checkbox"/> COM	<input type="checkbox"/> ADV	<input type="checkbox"/> FF	<input type="checkbox"/> CH			_____	

Arrival/Departure Dates- Check One Per Room: **Grand-** Thurs 3/14– Sun 3/17; Fri 3/15- Mon 3/18 **Silver/Ulimate-** Thurs 3/14- Mon 3/18; Fri 3/15- Tues 3/19

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