

School Name: \_\_\_\_\_

Director Name: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_



### Special Event Rooming List

Page Number \_\_\_\_\_ of \_\_\_\_\_

\*This document must be completed on the computer and e-mailed to HTEDance@yahoo.com or typed in and then faxed to HTEDance at 210-340-2315

Name	Type (P, NP, CH, D)	T-shirt Size	Date of Birth

Name	Type (P, NP, CH, D)	T-shirt Size	Date of Birth

Name	Type (P, NP, CH, D)	T-shirt Size	Date of Birth

Name	Type (P, NP, CH, D)	T-shirt Size	Date of Birth

\*\*P=Participant (Dancer)    NP=Non-Participant (Manager/Escort)    CH=Chaperone    D=Director

Updated: 9/2008