

School Name: _____

Director Name: _____

Today's Date: _____

Event Name: _____

Event Date: _____



Special Event Rooming List

Page Number _____ of _____

*This document must be completed on the computer by typing in your information using Adobe Acrobat.
Please check for accuracy on names. Then print and fax the form to HTF at 972-444-9129.

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

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