Payment Record / Rooming List

SUN SPLASH TOURS

Payment Record #_____

Representative Name _____

School _____

Name _____

Address _____

Phone (   ) _____

E-Mail Address _____

Changes / Cancellations / Remarks:

_____

_____

_____

_____

Materials Request:

_____

_____

_____

Room #1 For Rooms larger than 8 people use new room and write "continued"

Group ID#_____

Participants Name (Last, First)	Name on Check (If same, check box. If different, write name)	Amount Enclosed $	Customer #
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Room #2 _____

Group ID#_____

Participants Name (Last, First)	Name on Check (If same, check box. If different, write name)	Amount Enclosed $	Customer #
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Room #3 _____

Group ID#_____

Participants Name (Last, First)	Name on Check (If same, check box. If different, write name)	Amount Enclosed $	Customer #
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Room #4 _____

Group ID#_____

Participants Name (Last, First)	Name on Check (If same, check box. If different, write name)	Amount Enclosed $	Customer #
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Total Number of Checks _____ Totatl Amount Enclosed _____ Signature _____ Date _____