ROOMING LIST

The Kimberly

Page _____ of _____

Date:	
Company:	
Address:	
City, State, Zip	
Contact	
E-mail:	

Telephone #:	
Fax #:	
Billing:	1 – Room Tax to Company – Incidentals to Guest
	2 – Guest Pays Own Bill
	3 – All Charges to Company

	Conf. #	Guest Name	Arrival	Departure	Room Type	# of Guests	Rate	Billing Instructions	Credit Card Number & Expiration Date Cardholder Name	Special Requests
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										