**Hotel Rooming List**

**for**

**YONEX CANADA Open 2016**

|  |  |
| --- | --- |
| **National Association** |  |
| **Contact person** |  |
| Fax |  | e-Mail: |
| **Mobile Phone** |  |

|  |  |
| --- | --- |
| RoomNo. | **Names of persons staying in the same room - Rooming List** |
| Person 1 | Person 2 | Person 3 |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
| **9** |  |  |  |
| **10** |  |  |  |
| **11** |  |  |  |
| **12** |  |  |  |

The rooming list must follow the Hotel Reservation Form and **must** be returned to

**FOUR POINTS by SHERATON CALGARY WEST** not later than **May 5, 2016**

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|  > Please fill in and fax / e-mail or send this accreditation to: Fax +001 403.202-4418Email: Sara Bibi Colbourne fourpo05@fourpoints-calgary.ca |