

**2012 Wisconsin State USBC WBA Championship Tournament - Room Block Roster
Madison, Wisconsin**

When reserving a block of rooms for your teams(s), please complete this form: Assign a name to each room and indicate room type and amenities. Your completed form **MUST** be returned to: GLORIA BEHR - 30 DAYS PRIOR TO YOUR ARRIVAL. Please copy this form for any additional names.

Contact Name _____ Daytime Phone # _____

Name	ARRIVAL	DEPARTURE	# of BEDS 1 or 2	HDCP Y / N
1. _____	_____	_____	_____	_____
Credit Card # _____	Card Type _____	Exp. Date _____	_____	_____
2. _____	_____	_____	_____	_____
Credit Card # _____	Card Type _____	Exp. Date _____	_____	_____
3. _____	_____	_____	_____	_____
Credit Card # _____	Card Type _____	Exp. Date _____	_____	_____
4. _____	_____	_____	_____	_____
Credit Card # _____	Card Type _____	Exp. Date _____	_____	_____
5. _____	_____	_____	_____	_____
Credit Card # _____	Card Type _____	Exp. Date _____	_____	_____
6. _____	_____	_____	_____	_____
Credit Card # _____	Card Type _____	Exp. Date _____	_____	_____
7. _____	_____	_____	_____	_____
Credit Card # _____	Card Type _____	Exp. Date _____	_____	_____
8. _____	_____	_____	_____	_____
Credit Card # _____	Card Type _____	Exp. Date _____	_____	_____

NOTE: The credit card number provided on the front of this form will be used to guarantee all reserved rooms unless additional card information is provided. No-shows and cancellations received less than 48 hours prior to arrival will be charged to the guaranteeing credit card.

IMPORTANT: Upon Check-in, each guest will be asked to provide a credit card number. If one person is guaranteeing all rooms, please inform your group that one card number **MUST** be provided **per room** upon check-in **to avoid unwanted charges to guaranteeing credit card.**

MAIL, EMAIL, OR FAX PRINTED FORM TO:
Gloria Behr, Housing Coordinator
W141 N6739 Memory Rd
Menomonee Falls WI 53051

Email: gbehr@wi.rr.com
FAX – 262-252-3793