| Hotel | Rooming | List | Booking | Form |
|-------|---------|------|---------|------|
|-------|---------|------|---------|------|

| Names:                     | Single/Double/Twin/Family   | Smoking Y/N |
|----------------------------|---|-------------|
|                            |   |             |
|                            |   |             |
|                            |   |             |
|                            |   |             |
|                            |   |             |
|                            |   |             |
| Please ensure that both fo | oms cannot be guaranteed and Single Room occupancy carries orms are completed fully before sending them to Allan Grafton hanges due to the high attendance at the finals. |             |
| Signed:                    |   |             |
| Print Name:                |   |             |
| Contact Telephone Num      | ber:  |             |
| Contact Address:           |   |             |
|                            |   |             |