

GROUP ROOMING FORM

YMCA TROUT LODGE 13528 State Highway AA, Potosi, MO 63664
 (888) FUN-YMCA • ymcaoftheozarks.org



Group Name: _____

Contact Person: _____ **Phone #:** (____) _____

Below you will find all of your lodging options - guest room, loft room, lake view family cabin and forest view family cabin. Please fill out the information below your choice(s). To review each of the lodging accommodations, please refer to pages 7-8. Please contact your Group Sales Reservationist with any questions.

For additional forms, please make a copy or ask your Group Sales Representative for more.

1st Guest Room (sleeps max of 5 regardless of age - single level in Trout Lodge)

_____ Check One _____

| | Arrival Date | Depart Date | Guest Name | Male/ Female | Home Address City, State, Zip | Adult (18+) | Teen (13-17) | Child (5-12) | Child (0-4) |
|---|--------------|-------------|------------|-----------------|----------------------------------|----------------|-----------------|-----------------|----------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

2nd Guest Room (sleeps max of 5 regardless of age - single level in Trout Lodge)

_____ Check One _____

| | Arrival Date | Depart Date | Guest Name | Male/ Female | Home Address City, State, Zip | Adult (18+) | Teen (13-17) | Child (5-12) | Child (0-4) |
|---|--------------|-------------|------------|-----------------|----------------------------------|----------------|-----------------|-----------------|----------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

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Group Name: _____

3rd Guest Room (sleeps max of 5 regardless of age - single level in Trout Lodge)

_____ Check One _____

| | Arrival Date | Depart Date | Guest Name | Male/ Female | Home Address City, State, Zip | Adult (18+) | Teen (13-17) | Child (5-12) | Child (0-4) |
|---|--------------|-------------|------------|-----------------|----------------------------------|----------------|-----------------|-----------------|----------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

4th Guest Room (sleeps max of 5 regardless of age - single level in Trout Lodge)

_____ Check One _____

| | Arrival Date | Depart Date | Guest Name | Male/ Female | Home Address City, State, Zip | Adult (18+) | Teen (13-17) | Child (5-12) | Child (0-4) |
|---|--------------|-------------|------------|-----------------|----------------------------------|----------------|-----------------|-----------------|----------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

_____ **Group Leader Signature**

_____ **Date**

RETURNING THIS DOCUMENT

By Mail

Attn: (Name of your Group Sales Res.)
 YMCA Trout Lodge
 13528 State Highway AA
 Potosi, MO 63664

By Fax

Attn: (Name of your Group Sales Res.) at 573-438-5752

By E-Mail

This fillable form is available online.

Go to www.ymcaoftheozarks.org/meet/groups-reunions/start-planning

LINDSAY JACKSON
ELLEN KELLY

Ozarks Sales Manager
 Group Sales Reservationist

888-386-9622 ext. 207
 888-386-9622 ext. 206

lindsay.jackson@gwymca.org
ellen.kelly@gwymca.org

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3rd Loft Room - Continued

Check One

| Arrival Date | Depart Date | Guest Name | Male/Female | Home Address City, State, Zip | Adult (18+) | Teen (13-17) | Child (5-12) | Child (0-4) |
|--------------|-------------|------------|-------------|----------------------------------|-------------|--------------|--------------|-------------|
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |

4th Loft Room (sleeps max of 6 regardless of age - two story in Trout Lodge)

Check One

| Arrival Date | Depart Date | Guest Name | Male/Female | Home Address City, State, Zip | Adult (18+) | Teen (13-17) | Child (5-12) | Child (0-4) |
|--------------|-------------|------------|-------------|----------------------------------|-------------|--------------|--------------|-------------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |

Group Leader Signature

Date

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Ozarks Sales Manager 888-386-9622 ext. 207 lindsay.jackson@gwrymca.org
 Group Sales Reservationist 888-386-9622 ext. 206 ellen.kelly@gwrymca.org

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Group Name: _____

2nd Lake View Family Cabin - Continued

_____ Check One _____

| | Arrival Date | Depart Date | Guest Name | Male/ Female | Home Address City, State, Zip | Adult (18+) | Teen (13-17) | Child (5-12) | Child (0-4) |
|----|--------------|-------------|------------|-----------------|----------------------------------|----------------|-----------------|-----------------|----------------|
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |

_____ Group Leader Signature

_____ Date

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Group Name: _____

2nd Forest View Family Cabin - Continued

_____ Check One _____

| | Arrival Date | Depart Date | Guest Name | Male/Female | Home Address City, State, Zip | Adult (18+) | Teen (13-17) | Child (5-12) | Child (0-4) |
|----|--------------|-------------|------------|-------------|-------------------------------|-------------|--------------|--------------|-------------|
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
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| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
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