

KIDFEST 2018 ROOMING LIST

CHURCH NAME: _____

GROUP LEADER: _____

KIDFEST LOCATION ATTENDING: _____

*A registration form must accompany all rooming lists or they will not be accepted.
Place an asterisk * by the name(s) of chaperones. (First and last names are required.)*

1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____

1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____

1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____

1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____

A FEE WILL BE ADDED TO ALL GROUPS WHOSE ROOMING LIST IS NOT RECEIVED BY THE DEADLINE.

This rooming list indicates that I am requesting:

- _____ room(s) w/6 people
- _____ room(s) w/5 people
- _____ room(s) w/4 people
- _____ room(s) w/3 people
- _____ room(s) w/2 people
- _____ room(s) w/1 person
- _____ bus-driver room(s)

For a total of _____ room(s), and _____ people

Submit Online at www.mykidfest.com or

Mail To: KIDFEST 2017

PO Box 2430 ~ Cleveland, TN 37320

Fax Number: 423-478-7050 ~ Phone Number: 423-478-7229 ~ Email: javery@churchofgod.org