

Rooms # \_\_\_\_\_

# TRINITY CENTER HOUSING SHEET

DATE: \_\_\_\_\_ GROUP: \_\_\_\_\_

## EAST CLUSTER

## WEST CLUSTER

ROOM 1

ROOM 13

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ROOM 2

ROOM 14

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ROOM 3

ROOM 15

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ROOM 4

ROOM 16

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ROOM 5

ROOM 17

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ROOM 6

ROOM 18

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ROOM 7

ROOM 19

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ROOM 8

ROOM 20

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ROOM 9

ROOM 21

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ROOM 10

ROOM 22

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ROOM 11

ROOM 23

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ROOM 12

ROOM 24

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**\*\*Please indicate children's' ages for billing purposes.**

**\*There is a double bed and a single bed in each room. Please indicate if you need an additional rollaway or crib.**

Rooms # \_\_\_\_\_

# TRINITY CENTER HOUSING SHEET

DATE: \_\_\_\_\_ GROUP: \_\_\_\_\_

## SOUTH CLUSTER

## LAGOON CLUSTER

ROOM 25

ROOM 37

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ROOM 26

ROOM 38

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ROOM 27

ROOM 39

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ROOM 28

ROOM 40

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ROOM 29

ROOM 41

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ROOM 30

ROOM 42

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ROOM 31

ROOM 43

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ROOM 32

ROOM 44

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

## Beachside

ROOM 33

Room E

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ROOM 34

Room F

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ROOM 35

Room G

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ROOM 36

Room H

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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