

ROOM ROSTER FORM

NAME _____

ADDRESS _____

PHONE _____ **E-MAIL** _____

BIRTHDAY _____

ANNIVERSARY _____

ROOMMATE CHOICE _____

**LIST ANY DISABILITY REQUIRING FIRST FLOOR
LODGING** _____

LIST ALL MEDICATIONS _____

**ANY OTHER INFORMATION YOU WANT TO PASS ON
TO ME** _____

**NAME AND PHONE NUMBER OF FAMILY MEMBER WE
CAN CONTACT IN CASE OF EMERGENCY** _____

PLEASE RETURN IMMEDIATELY TO

PEG THOMPSON

273 LUDWIG DR.

CIRCLEVILLE, OHIO 43113

(740) 474 -7409 pdthompson@mywebanywhere.net