Region I Girls ODP

Regional Events Key/Room Assignment Form

Date: _____ **Location (Dorm)** _____

State Association: _____ **Age Group:** _____

Chaperone(s) _____ _____

# of Keys/Cards Issued	# of Keys/Cards Returned	Room No.	Occupant #1	Occupant #2	Arrive Date	Depart Date

I, _____ have received the above keys and will assume full responsibility for the same. I will inform my State Association of the number of keys lost and will reimburse the Region I Girls ODP, who will be responsible to the _____ for the payment.

# of lost keys: _____ **Desk clerk's initials:** _____

NOTE: This form **MUST** be completed by the appropriate State Association and **MUST** be submitted to the University at Registration

Updated June 18th 2009