



University of Wisconsin-La Crosse Office of Residence Life
WIAA State Track Meet Guest Roster and Room Placement – Traditional Halls



Please fill out the following information:

School Name: _____

Coach/Coaches: _____ Emergency Contact #(Cell Preferred): _____

Please fill in the full names (first and last) of your coaches and athletes and assign their roommates. Make sure to specify if a room will be male or female. Please indicate coaching staff with (Coach) after their names.

Room_____ M:___ F:___ 1. _____ 2. _____	Room_____ M:___ F:___ 1. _____ 2. _____	Room_____ M:___ F:___ 1. _____ 2. _____
Room_____ M:___ F:___ 1. _____ 2. _____	Room_____ M:___ F:___ 1. _____ 2. _____	Room_____ M:___ F:___ 1. _____ 2. _____
Room_____ M:___ F:___ 1. _____ 2. _____	Room_____ M:___ F:___ 1. _____ 2. _____	Room_____ M:___ F:___ 1. _____ 2. _____
Room_____ M:___ F:___ 1. _____ 2. _____	Room_____ M:___ F:___ 1. _____ 2. _____	Room_____ M:___ F:___ 1. _____ 2. _____
Room_____ M:___ F:___ 1. _____ 2. _____	Room_____ M:___ F:___ 1. _____ 2. _____	Room_____ M:___ F:___ 1. _____ 2. _____
Room_____ M:___ F:___ 1. _____ 2. _____	Room_____ M:___ F:___ 1. _____ 2. _____	Room_____ M:___ F:___ 1. _____ 2. _____
Room_____ M:___ F:___ 1. _____ 2. _____	Room_____ M:___ F:___ 1. _____ 2. _____	Room_____ M:___ F:___ 1. _____ 2. _____
Room_____ M:___ F:___ 1. _____ 2. _____	Room_____ M:___ F:___ 1. _____ 2. _____	Room_____ M:___ F:___ 1. _____ 2. _____
Room_____ M:___ F:___ 1. _____ 2. _____	Room_____ M:___ F:___ 1. _____ 2. _____	Room_____ M:___ F:___ 1. _____ 2. _____

If you have more guests, please fill out an additional form