

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



Please fill out the following information:

School Name:					
Coach/Coaches:		Emerge	ency Contact #(Cell Prefer	rred):	
Please fill in the full	names (first and last) of you	ır coaches and athletes ar	nd assign their roommates. Ma	ake sure to specify if a suit	e will be male or
female. Please indica	nte coaching staff with (Coa	nch) after their names.			
Suite	M: F:	Suite	M: F:	Suite	M: F:
1		1		1	
2		2		2	
3		3		3	
4		4		4	
Suite	M: F:	Suite	M: F:	Suite	M:F:
1		1		1	
2		2		2	
3		3		3	
4		4		4	
Suite	M:F:	Suite	M: F:	Suite	M:F:
1		1		1	
2		2		2	
3		3		3	
4		4		4	
Suite	M:F:	Suite	M: F:	Suite	M: F:
1		1		1	
2		2		2	
3		3		3	
4		4		4	
Suite	M: F:	Suite	M: F:	Suite	
1		1		1	
2		2		2	
3		3		3	
4		4			

If you have more guests, please fill out an additional form. Two copies are needed for each form at REC check-in.