
STUDENT ROOM ALLOCATIONS

School Name:

Contact Name:

Contact Email:

Contact Phone Number:

Camp Start Date:

Camp End Date:

Please complete lists for female and male students in “room pairs” (two students per room). Please note down any custody issues you are aware of. If it is desirable to separate particular students on activities or duties, please indicate this below.

If there is not enough room in this document to enter all attending students please fill out multiple documents.

Details of Students who should be separated:

Female Room Pairs

Room	Student's Name	Other Details
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Male Room Pairs

Room	Student's Name	Other Details
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		