

**HOLIDAY INN ROOMING LIST**

Brecksville Invitational Holiday Wrestling Tournament

**Holiday Inn Cleveland South-Independence**

6001 Rockside Road  
Independence, OH 44131  
Tel: 216-524-8050, Fax: 216-524-9280

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Coach's Name: \_\_\_\_\_ Arrival Date: \_\_\_\_\_ Departure  
Date: \_\_\_\_\_

Coach's Home/Cell Number: \_\_\_\_\_

Total Number of Rooms Needed: \_\_\_\_\_ Method of Payment (Check One):  
Credit Card Name: \_\_\_\_\_ School Check: \_\_\_\_\_

Credit Card Number for Guarantee: \_\_\_\_\_ Expiration  
Date: \_\_\_\_\_

(A credit card number must be included with the rooming list regardless of the method of payment)

Tax-Exempt: Yes \_\_\_\_\_ No \_\_\_\_\_

Room 1 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Room 7 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Room 2 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Room 8 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Room 3 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Room 9 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Room 4 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Room 10 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Room 5 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Room 11 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Room 6 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Room 12 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_