



ROOMING LIST
(please fill in completely)

This form needs to be in our office no later than:
NOV. 15 for CRAVE ONE
NOV. 30 for CRAVE TWO

Church Name: _____

Copy as needed and send masters to: **That Youth Thing, inc.** P.O. Box 292
ATTN: Winter Crave Albemarle, NC 28002

Room #	Name	Age
1.		
2.		
3.		
4.		

Room #	Name	Age
1.		
2.		
3.		
4.		

Room #	Name	Age
1.		
2.		
3.		
4.		

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1.		
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4.		

QUESTIONS? Call us toll free @ 877.443.3TYT