

# Spring Arbor University

## 2004 Bible Quizzing Housing Form

Church: \_\_\_\_\_ Coach: \_\_\_\_\_

Please complete the following form by placing all members of your group in one of the following four categories: 1) *Male Housing*, for male quizzers and adult males staying with quizzers, 2) *Female Housing*, for female quizzers and adult females staying with quizzers, 3) *Couple Housing*, for married couples wishing to stay together, and 4) *Children 10 and under*, for young non-quizzing children staying with their parents and sleeping on the floor. (Please indicate under the Staff heading if the person is an approved Quiz Staff or approved Quizmaster.) Also please note that linen are provided only for those flying in or who are arriving by train or public transportation busses

### Housing for Males (Male Quizzers and Adult Males)

Name	Mark Status	Roommate Preference	Approved Staff?
_____	<input type="checkbox"/> Quizzer or <input type="checkbox"/> Adult	_____	_____
_____	<input type="checkbox"/> Quizzer or <input type="checkbox"/> Adult	_____	_____
_____	<input type="checkbox"/> Quizzer or <input type="checkbox"/> Adult	_____	_____
_____	<input type="checkbox"/> Quizzer or <input type="checkbox"/> Adult	_____	_____
_____	<input type="checkbox"/> Quizzer or <input type="checkbox"/> Adult	_____	_____
_____	<input type="checkbox"/> Quizzer or <input type="checkbox"/> Adult	_____	_____

### Housing for Females (Female Quizzers and Adult Females)

Name	Mark Status	Roommate Preference	Approved Staff?
_____	<input type="checkbox"/> Quizzer or <input type="checkbox"/> Adult	_____	_____
_____	<input type="checkbox"/> Quizzer or <input type="checkbox"/> Adult	_____	_____
_____	<input type="checkbox"/> Quizzer or <input type="checkbox"/> Adult	_____	_____
_____	<input type="checkbox"/> Quizzer or <input type="checkbox"/> Adult	_____	_____
_____	<input type="checkbox"/> Quizzer or <input type="checkbox"/> Adult	_____	_____
_____	<input type="checkbox"/> Quizzer or <input type="checkbox"/> Adult	_____	_____

### Housing for Couples

Names: Husband	and	Wife	Adults	Approved Staff?
_____	and	_____	_____	_____
_____	and	_____	_____	_____
_____	and	_____	_____	_____

### Housing for Children ages 10 and under

Name	Child	Age	Rooming with what parent?
_____	Child	_____	_____
_____	Child	_____	_____
_____	Child	_____	_____

Does anyone in your group require any special housing needs? If so, describe: \_\_\_\_\_

List any members of your group that are staying off-campus and not in college dorms: \_\_\_\_\_

**A completed Medical Form on each of the above people is required with your registration.**