

# HAITIAN MEN'S CONFERENCE



## 2026 MOTEL ROOMING LIST

**Group Leaders:** Provide a signed copy of this document with the list of men (18yrs and Up) who are attending this event. Each Motel room is equipped with a Full bed and a Twin bed that can comfortably accommodate 2 adults. The church is required to verify who will be rooming together in the Motels (Drugs, Alcohol, Vaping and Smoking are **NOT PERMITTED** at Lake Yale, especially in the rooms).

### Church Information:

Name of Church: \_\_\_\_\_  
Church Address: \_\_\_\_\_, City: \_\_\_\_\_, State: \_\_\_\_\_, ZIP: \_\_\_\_\_  
Pastor: \_\_\_\_\_ Pastor's Contact: \_\_\_\_\_  
Group Leader: \_\_\_\_\_ Group Leader's Cell Number (At Camp): \_\_\_\_\_

**Accommodation:** All rooms are Double-Occupancy, unless participant paid for a Private Room. Smoking, The event staff will strive to honor your room preferences upon availability. Room assignments are on a First come, First serve basis.

**Room 1:**  1<sup>st</sup> Floor  2<sup>nd</sup> Floor  Have Special Need

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Room 2:**  1<sup>st</sup> Floor  2<sup>nd</sup> Floor  Have Special Need

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Room 3:**  1<sup>st</sup> Floor  2<sup>nd</sup> Floor  Have Special Need

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Room 4:**  1<sup>st</sup> Floor  2<sup>nd</sup> Floor  Have Special Need

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Room 5:**  1<sup>st</sup> Floor  2<sup>nd</sup> Floor  Have Special Need

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Room 6:**  1<sup>st</sup> Floor  2<sup>nd</sup> Floor  Have Special Need

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Room 7:**  1<sup>st</sup> Floor  2<sup>nd</sup> Floor  Have Special Need

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Room 8:**  1<sup>st</sup> Floor  2<sup>nd</sup> Floor  Have Special Need

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Room 9:**  1<sup>st</sup> Floor  2<sup>nd</sup> Floor  Have Special Need

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Room 10:**  1<sup>st</sup> Floor  2<sup>nd</sup> Floor  Have Special Need

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

*We, the undersigned leaders, have reviewed all rules and regulations of the event with the adult men on that rooming list, and therefore, understand and assume all responsibilities.*

**Group Leader's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Pastor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_