



Hotel Check-Out Form

Name of Group _____

Name of Group Leader _____

Address of Group Leader:

Street: _____

City _____ State ____ Zip Code _____

Phone Number() _____

I _____ (name of Group Leader) certify that I have inspected the room(s) occupied by members of my group and I verify that the condition of the room(s) is as we found them upon registration. If conference staff or hotel staff determines that the condition of the room(s) is not as I have stated, I understand that my group is liable for additional charges consistent with the cost of cleaning and/or repair of damages.

Signature of Group Leader

Date