



EFS Registration MORRISON DORM

Group Name: _____

Meeting Date: **From:** _____ **To:** _____

**It is required that you fill each room before we can open a new room!
This form is due 2 weeks before you EFS Program!**

	<i>Room Number</i>	<i>Name(s) (Please Print)</i>		<i>Room Number</i>	<i>Name(s) (Please Print)</i>
Lower Level	Room 1		Upper Level	Room 7	
	Room 2			Room 8	
	Room 3			Room 9	
	Room 4			Room 10	
	Room 5			Room 11	
Room 6		Room 12			
Room 13*		Room 17*			
Room 14*		Room 18*			

** Rooms 13 & 14 and 17 & 18 share a bath – Keep this in mind when making room assignment.*

