	I												Roommate	
		Gender							Room Type	Arrival Date	Departure Date	Roommate	Roommate Gender	
Last Name	First Name	(M/F/T)	Address	City	State	ZIP	Cell Phone	Email Address	Room Type (Single/Double)	(dd/mm/yy)	(dd/mm/yy)	Request	(M/F/T)	Special Needs (ADA or Dietary)
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