



**ACCOMMODATION LIST**  
**BAFFIN LODGE**

Group Name: \_\_\_\_\_ Leaders Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Group Leaders Room Number: \_\_\_\_\_

ROOM	NAME	NAME	NAME	NAME
1 (2 Beds)				
2 (4 Beds)				
3 (4 Beds)				
4 (4 Beds)				
5 (4 Beds)				
6 (4 Beds)				
7 (4 Beds)				
8 (4 Beds)				
9 (4 Beds)				
10 (4 Beds)				
11 (4 Beds)				
12 (4 Beds)				

All 4-bedded rooms have 2 single & 1 bunk bed  
All 2-bedded rooms have 2 single beds

This form must be returned to the Centre five days prior to arrival. Completion of this document assists in the task of meeting statutory safety obligations.