



### GUEST REQUEST FOR ACCOMMODATIONS CONTRACT Thunder Bay Campus

LAST NAME	FIRST NAME	GENDER / PREFERRED PRONOUN
ADDRESS	EMAIL	HOME PHONE # CELL PHONE # FAX #
<input type="checkbox"/> TRAVELLER <input type="checkbox"/> CONFERENCE GUEST <input type="checkbox"/> STUDENT <input type="checkbox"/> ALUMNI <input type="checkbox"/> INTERNAL *card must be shown at check-in* CARD # _____		SPECIAL REQUESTS:

ARRIVAL DATE / TIME	DEPARTURE DATE / TIME	METHOD OF PAYMENT (Sorry, no personal cheques) <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> AMEX <input type="checkbox"/> Debit <input type="checkbox"/> Cash <input type="checkbox"/> Money Order (Payable to Lakehead University)
<b>ACCOMMODATION INFORMATION:</b> <input type="checkbox"/> BASIC SINGLE DORM <input type="checkbox"/> SINGLE DORM <input type="checkbox"/> BASIC APARTMENT <input type="checkbox"/> FULLY-EQUIPPED APARTMENT <u>Full Daily Rate is charged for Apartments, regardless of number of guests staying. (Maximum of 8 ppl including children). <b>Minimum stay of 2 nights.</b></u>  <b>Contact us for rates.</b>  <b>All Accommodations styles are rented on a first come, first serve basis. No accommodations are confirmed until you receive a confirmation email.</b>  NAME OF GUESTS (age if under 16 yrs):  1. _____ 2. _____ 3. _____ 4. _____  <input type="checkbox"/> COT REQUIRED (\$25.00): one-time flat fee   WO # _____ <input type="checkbox"/> HIGH CHAIR:   WO # _____ <input type="checkbox"/> PLAYPEN:   WO # _____ <input type="checkbox"/> MEAL PLAN REQUEST*: * Meal plans are mandatory for all stays over 2 weeks' times in dormitories, due to the limited availability of cooking facilities. A coordinator will be in touch to confirm your meal plan rate. * One cot per unit		Parking Passes required between 7am-9pm Monday-Friday. 1 Pass per vehicle included per stay up to 2 weeks. Additional Passes to be purchased:  PARKING PASS REQUIRED: <input type="checkbox"/>  LICENSE PLATE #: _____  Additional Passes @ \$4.50 x _____ PASSES x _____ DAYS = \$ _____  For all long term passes (over 2 weeks) please coordinate through Conference Services.  Parking Pass Number: _____  <b>OFFICE USE ONLY:</b> DATE RECEIVED: _____ CONFIRMATION SENT: <input type="checkbox"/> RESERVED BY (STAFF INITIAL): _____  ASSIGNED ROOM: _____  RATE: _____  ADDITIONAL NOTES: _____ _____ _____

I, the undersigned, agree as a condition of my stay in Lakehead University's Residence Summer Guest Accommodations to abide by the terms and conditions stated or implied in the **Rules and Regulations for Residence** that has been handed to me upon check in. Violation of these terms may result in the termination of my stay in Lakehead University's Residence Summer Guest Accommodations. I, the undersigned, agree and acknowledge that I am financially liable for lost keys, missing items and all room damages. I, the undersigned, agree that any outstanding balance will be charged to the credit card given above or taken from my security deposit.

Guest Signature: \_\_\_\_\_

Date: \_\_\_\_\_