

UWRF Summer Guest Housing Form



GUEST(S) INFORMATION

Name: _____ Gender: _____

Address: _____

Street City State Zip

E-mail: _____ Cell Phone: _____

Reason for housing: _____

Additional Guest(s)

Last Name	First Name	Address	Cell Phone	Gender

HOUSING AND RATES

We offer double and single rooms (when available). If more than one guest per this reservation, please indicate who will share a room. We accept cash, check, Discover, Visa or Mastercard.

Housing Option	Rate (per person/per day)	Amount of rooms needed
Single Room with linen	\$25	
Single Room without linen	\$20	
Double Room with linen	\$20	
Double Room without linen	\$15	

Roommate pairs: _____ and _____
 _____ and _____

Check-in date (Check-in time is from 6 pm-9 pm): _____ Check-out date (Check-out by 11 am): _____

By signing this form, I also agree to adhere to all Residence Life policies which can be found at:

<http://sa.uwrf.edu/sa/documents/contract-curr.pdf>

(Signature) _____ Date: _____

Please return this form to Department of Residence Life, 410 S. 3rd St, River Falls, WI 54022, or fax to Department of Residence Life – Fax #: 715-425-0666, or via email to housing@uwrf.edu

FOR OFFICE USE ONLY

Room Assigned: _____ Check-In Date: _____ Check-Out Date: _____

Charge	Total Nights	Rate/Night	Total
Double Room with linen			
Single Room without linen			
Double Room without linen			
Single Room without linen			
Lost Key			
TV			
Miscellaneous			
Total			

Method of Payment:

Cash Check (# _____)

Credit Card

Receipt #: _____