

Summer 2019 Guest Residence Application

Name: _____
Email Address: _____
Billing Address: _____
Town/City: _____ Province/State: _____
Postal Code/Zip Code: _____ Country/Citizenship: _____
Phone: _____

Check-in DATE: _____ Total Number of Guest(s): _____
Check-out DATE: _____ Adults: _____ Youth: _____ (under the age of 18)

Number of nights: _____

****3night minimum stay****

Preferred Accommodation type (please select one or more) -- * All rooms are non-smoking*

Accessibility suite _____ Single Suite _____ Double Suite _____ Preferred Roommate _____

Date form is submitted: _____

Comments: _____

Your credit card will be charged at check-out of our accommodation, unless a prior agreement has been made, and your room has been inspected. All cancellations must be submitted in writing a minimum of 5 business days prior to check-in date, or you will be charged 25% of your total booking. *All receipts will be sent by email.*

Single Rooms: (single occupancy)	Double Rooms: (single or double occupancy)
\$63.00 +tax per night	\$94.50 +tax per night
\$329.00 + tax per week	\$493.50 +tax per week

Guests check in with Residence Security at the front desk of **504 Main Street.**
(Paterson GlobalFoods Institute)

RRC and its activity of collecting, storing, and disposing of credit card information is in accordance with Payment Card Industry Data Security Standards (PCI DSS) enhancing cardholder data security and facilitate the broad adoption of consistent data security measures globally.

If you would prefer to give your credit card information by phone, please submit this form and we will contact you to collect payment information.

NOTE: The personal information on this form is protected pursuant to the Freedom of Information and Protection of Privacy Act (FIPPA), and will be not be used for any other purpose other than to consider your application for admission to guest housing, to determine your placement, collect payments owed to the College or to reach you (or your emergency contact) in the event of an emergency.

Red River College's Campus Living Office reserves the right to request and keep a copy of your identification card on file

Credit Card: _____

Card Number _____

Expiry Date: _____

Cardholder Name: _____

Submit this form directly to:

Kylie Clark- Manager of Campus Living
Tel: 204-631-3401 or 204-631-3371
Email: residence@rrc.ca