

CONFERENCE SERVICES GUEST HOUSING FORM 2013



Contact Date: ___/___/13 Conference Affiliation: VHSL SPRING TRACK MEET
Name: _____ Organization: _____
Phone: () _____ Fax: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____

Conference Services
RU Box 6911
Radford, VA 24142
Phone: 540-831-5800
Fax: 540-831-6036
conf-serv@radford.edu

Arrival Date: 05/31/2013 Standard Check-in time after 3 p.m. YES Please indicate if early arrival is needed.
Departure Date: 06/01/2013 Check-out time is at 11 a.m. YES Please indicate if late departure is needed.
Estimated time of Arrival: _____ : _____ AM PM

Number of Nights: 1
Number of Guests in Party: _____ Please attach a list of participant and note any need for separate rooms due to coed guests and coaches. Coaches and athletes will not share a residence room or bathroom.

Number of Residence Hall Rooms Needed: _____ Single Room(s) _____ Double Room(s)

Linens Requested: YES NO Linens are automatically provided with air-conditioned rooms and include blanket, pillow, sheets, towel and washcloth.

Room Rates Double Occupancy \$26.00 Single Occupancy \$36.00

Air Conditioned Room: \$26.00/person/night for Double Occupancy; \$36.00/person/night for Single Occupancy (linens included)
Note: Residence Hall Front doors are now locked 24 hr/ 7 days a week. We can issue each group a card, or select members in your group

Special Requests or Instructions: All payment must be made in advance or a purchase order provided. Please make reservations 1 week in advance.

Guest Agreement:

I understand that full payment is due upon arrival and I am responsible for my personal insurance/liability while staying on the RU campus. I understand that I am responsible for the key(s) that have been issued to me and for any damage to the room or furniture replacement costs as necessary. A \$50 lost room key charge will be billed to me for any lost key(s). I understand that the Conference Staff has the right to confront any guest for purposes of identification or policy concerns. Finally, I understand that the Conference Staff reserves the right to ask any guest to vacate the room for policy violations.

Guest's Signature _____ Date / / Staff Initials _____

Payment Information:

No. of Guests _____ X \$ _____ (room rate) X No. of Nights _____ = \$ _____
Sales tax @ 11% X \$ _____
TOTAL DUE = \$ _____

Paid By: Check (Correct Name, Address, and Phone number should be on Check) Credit Card: MC Visa

Card Number - - - Expiration Date _____/_____/_____

CVV Code (found on back of card)

Signature _____

OFFICE USE ONLY

Check List:

- Residence Halls Assignment: _____
- Rooms Assigned: _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____
Date _____ Initials _____
- Confirmation Sent _____
- All Keys Returned _____
- Guests Checked- In _____ Request taken by: _____