



# New College Summer Residence Reservation Form

\*\*\*Long Term Stays - Stays for 29 nights or more \*\*\*  
For Reservations May 07, 2018 to August 18, 2018

New College Summer Residence Office Room #1007  
40 Willcocks Street, Toronto ON, M5S 1C6, Canada  
Tel: (416) 946-0529 Fax: (416) 946-3801  
Email: [summer.newcollege@utoronto.ca](mailto:summer.newcollege@utoronto.ca)

Fill in this form and submit through: (1) FAX or (2) EMAIL. Fill in ONLY ONE reservation form for a double room.

Male Female Prefer not to disclose	First Name	<input type="text"/>	Last Name	<input type="text"/>
	Address	<input type="text"/>		City

Province/State	<input type="text"/>	Country	<input type="text"/>	Postal/Zip Code	<input type="text"/>
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Telephone	<input type="text"/>	Email	<input type="text"/>
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Arrival Date MM/DD/YY (after 3pm)	<input type="text"/>	Departure Date MM/DD/YY (before 11 am)	<input type="text"/>	Total Number of Nights	<input type="text"/>
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### TYPE OF ACCOMMODATION

Single      Double (2 single beds)

#### If you selected Double:

Name of Roommate	<input type="text"/>	Male	Female	Prefer not to disclose
Telephone:	<input type="text"/>	Email Address:	<input type="text"/> <b>(REQUIRED)</b>	

### RATE

Student	Non-student	Special Rate Code	<input type="text"/>
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### ADDITIONAL INFORMATION

Please select one of the following payment options:      Monthly Daily Rate      Sessional Daily Rate (balance is due on arrival)

Have you stayed with us before?	Yes	No	Where did you hear about us?	<input type="text"/>
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Please refer to the chart on the right to determine the amount of **NON-REFUNDABLE deposit\*** required to reserve a room. This deposit will be applied to the total amount owing and will not be processed unless we can book a room for you. \*Double Room - Deposit payment is split between the two guest accounts.

Stay	Deposit
29 NIGHTS AND MORE	\$100.00

Payment Method	VISA	Mastercard	American Express	Discover Card
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Credit Card Number	<input type="text"/>	Expiry Date (month/year)	<input type="text"/>	Name on Card	<input type="text"/>
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Address	<input type="text"/>		City	<input type="text"/>	Province/State	<input type="text"/>
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Postal/Zip Code	<input type="text"/>	Country	<input type="text"/>	3 digit CVC Number on back of card	<input type="text"/>
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Signature of Cardholder	<input type="text"/>	Date	<input type="text"/>
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Did you stay at New College for the 2017-2018 academic winter session?	No	Yes	I am a UofT Student:	No	Yes
			Student Number:	<input type="text"/>	

**I declare that I have read, understand, and agree to abide by the Rules and Regulations of the New College Summer Residence (available online <http://www.ncsummer.utoronto.ca/book-a-room/>). University of Toronto protects your privacy and your personal information. The personal information requested on this form is collected under the authority of the University of Toronto Act, 1971, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA). This information will be used to make arrangements for your accommodation and other requested services on campus.**

Signature of Resident	<input type="text"/>	Date	<input type="text"/>
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