



New College Summer Residence Reservation Form

***Long Term Stays - Stays for 29 nights or more ***
 For Reservations May 06, 2019 to August 17, 2019

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

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

Long Term Stays - Stays for 29 nights or more

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 11am)	<input type="text"/>	Total Number of Nights	<input type="text"/>
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TYPE OF ACCOMMODATION

Single	Double (2 single beds)
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If you selected Double:

Name of Roommate _____ Male Female Prefer not to disclose

Telephone: _____ Email Address: _____ **(REQUIRED)**

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?

A NON-REFUNDABLE deposit* will be processed 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.	Stay	Deposit
	29 NIGHTS AND MORE	\$100.00

* Double Room - Deposit payment is split between the two guest accounts.

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 2018-2019 academic winter session? No Yes I am a UofT Student: No Yes
 Student Number: _____

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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