



New College Summer Residence Reservation Form

***Long Term Stays - Stays for 29 nights or more ***
For Reservations May 07, 2020 to August 22, 2020

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"/> |
|----------------|----------------------|---------|----------------------|-----------------|----------------------|

| | | | |
|-----------|----------------------|-------|----------------------|
| Telephone | <input type="text"/> | Email | <input type="text"/> |
|-----------|----------------------|-------|----------------------|

| | | | | | |
|---|----------------------|--|----------------------|---------------------------|----------------------|
| 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"/> |
|---|----------------------|--|----------------------|---------------------------|----------------------|

TYPE OF ACCOMMODATION

| | |
|--------------------------|---|
| Single (shared bathroom) | Double (2 single beds, shared bathroom) |
|--------------------------|---|

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"/> |
|---------|-------------|-------------------|----------------------|

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?

| | | |
|--|--------------------|----------|
| We require a NON-REFUNDABLE deposit* 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 |
|----------------|------|------------|------------------|---------------|

| | | | | | |
|--------------------|----------------------|--------------------------|----------------------|--------------|----------------------|
| Credit Card Number | <input type="text"/> | Expiry Date (month/year) | <input type="text"/> | Name on Card | <input type="text"/> |
|--------------------|----------------------|--------------------------|----------------------|--------------|----------------------|

| | | | | | | |
|---------|----------------------|--|------|----------------------|----------------|----------------------|
| Address | <input type="text"/> | | City | <input type="text"/> | Province/State | <input type="text"/> |
|---------|----------------------|--|------|----------------------|----------------|----------------------|

| | | | | | |
|-----------------|----------------------|---------|----------------------|------------------------------------|----------------------|
| Postal/Zip Code | <input type="text"/> | Country | <input type="text"/> | 3 digit CVC Number on back of card | <input type="text"/> |
|-----------------|----------------------|---------|----------------------|------------------------------------|----------------------|

| | | | |
|-------------------------|----------------------|------|----------------------|
| Signature of Cardholder | <input type="text"/> | Date | <input type="text"/> |
|-------------------------|----------------------|------|----------------------|

Did you stay at New College for the 2019-2020 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"/> |
|-----------------------|----------------------|------|----------------------|