



New College Summer Residence Reservation Form

Long-Term Stays - Stays for 29 Nights or more **MONTHLY RATE**
For Reservations May 06, 2024 to July 5, 2024

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

Download and save this PDF to your desktop to access all fields. Open PDF, fill in this form and send by EMAIL or FAX.
For a double rooms, each roommate must fill out a Form and send at the same time.

Long-Term Stays - Stays for 29 Nights or more - MONTHLY RATE

<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Prefer not to disclose	First Name <input type="text"/>	Last Name <input type="text"/>
	Address <input type="text"/>	City <input type="text"/>
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 (after 3pm) <input type="text"/>	Departure Date (before 11am) <input type="text"/>	Total Number of Nights(min 29) <input type="text"/>
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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

ADDITIONAL INFORMATION

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 a room has been reserved. Student SINGLE: \$35.00 DOUBLE: \$27.50 NonStudent SINGLE: \$36.00 DOUBLE: \$30.00	Deposit Amount
	* first night

Payment Method VISA Mastercard American Express Discover Card

Credit Card Number _____	Expiry Date (month/year) _____	Name on Card _____
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Address _____ City _____ Province/State _____

Postal/Zip Code _____ Country _____ 3 digit CVC (number on back of card) _____

 Signature of Cardholder Date

Did you stay at New College for the 2023-2024 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 **Occupancy Agreement and Rules and Regulations of the New College Summer Residence 2024**. 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 Date