Download and	save this PDF		E	Tel: (416) 9 <b>mail: sum</b>	46-0529 <b>mer.new</b>	Fax: ( colleg	onto ON, M5S <b>416) 946-380</b> <b>ge@utoronto.</b> in this form and	1	
Download and							send at the sam		
O Male Female	First Name	ame				Last Name			
Prefer not to disclose	Address				City				
Province/State			Countr	у	Postal/Zip Code				
Telephone				Email					
Arrival Date ( <b>after 3pm)</b>			Departure Date ( <b>before 11am</b> )				Total Numl of Nights(m		
			TYPE O	FACCOM	IODATIO	N			
U Double	Room	١	Vetmore H	all					
f you selected Double: Name of Roommate					Male	le	Female	Prefer not to disclos	
Telephone:								(REQUIREI	
				RATE					
Student N	Ionthly				Student		nly		
			ADDIT	IONAL INF	ORMATI	ON			
Have you staye We require a <b>NG</b>	ON-REFUNDA	BLE deposi							
to the total amount owing and will not be processed unless <b>Student</b> Monthly: \$27.50 <b>Non-Student</b> Monthly: \$30.00					Deposit Amount				
								* first night	
Payment Metho	d VI	SA	Master	card	Ame	rican E	Express	Discover Card	
Credit Card Number				Expiry Date (month/year)			ame on ard		
Address			City		Province/St		Province/Sta	te	
Address	Code Country			3 digit CVC (number on back of ca			d)(b		
Address Postal/Zip Code									
								Date	
	dholder								
Postal/Zip Code	w College for the	2023-2024	No		n a UofT stu dent Numb		No	Yes	