

SUMMER CONFERENCE RESERVATION REQUEST FORM

DEPARTMENT OF RESIDENTIAL LIFE ~ ST. CLOUD STATE UNIVERSITY

GROUP INFORMATION: (please print)

Group Name:		
Primary Contact Name:		
Address		
City	State:	Zip:
Phone:	Cell:	Fax:
E-mail address:		
Secondary Contact:	Cell:	E-mail:

LEADER/COUNSELOR INFORMATION (#s):

Men:	Women:	Boys (under age 18):	Girls (under age 18):	Total:
Arrival Date(s)	Arrival Time(s)	Departure Date(s)	Departure Time(s)	
	**No Earlier than:		**No Later than:	

* Standard check-in time is 1 pm CDT on the date of arrival *Late check-out fee is \$100.

PARTICIPANT INFORMATION (#s):

Men:	Women:	Boys (under age 18):	Girls (under age 18):	Total:
Single rooms: _____		Double rooms: _____		
Arrival Date(s)	Arrival Time(s)	Departure Date(s)	Departure Time(s)	
	**No Earlier than:		**No Later than:	

* Standard check-in time is 1 pm CDT on the date of arrival *Late check-out fee is \$100.

LINEN REQUEST: (check all that apply*) *NOTE: pillow and blanket provided in all room*

__Sheets/pillowcases	__Washcloths	_Towels	__Premium Towel Service <i>.75 add'1 larger bath towel & exchange fee</i>
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Building Preferences: 1. _____ 2. _____ 3. _____
Additional Requests/Comments: (attach additional sheet if necessary)

*For information regarding meeting space, dining services, parking and recreational facilities, go to "Campus links" from the Res Life Conference Site.

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Group Representative Signature _____ **Date** _____

Return completed agreement to:

Residential Life Conferences-Carol Hall
 Diane Schellinger
 Associate Director for Student and Guest Services
 720 Fourth Avenue South
 St. Cloud, MN. 56301-4488
 Phone: (320)308-2166
 Fax: (320)308-5505
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