

Department of Residential Life

425 1st Avenue South, EVH 2nd Floor
St Cloud, MN 56301
Phone 320-308-2166
Fax 320-308-5505

Hayman Guest Suite in Sherburne Reservation Request

TODAY'S DATE:

Guests must check in between 3:00 and 10:00 p.m. Check-out time is 11:00 a.m.

Please complete this reservation request form and return to the Department of Residential Life. Confirmation of your request will be made in 2-4 days.

GUEST:

Home Address:

Check In:

Check out:

METHOD OF PAYMENT:

COMMENTS OR SPECIAL INSTRUCTIONS:

Payment for Guest Suite

Guests may pay via cash or check for their night(s) stay in the Michael D. Hayman Guest Suite at the time of check in or they may send payment in advance, payable to St Cloud State University. A guest can call ahead and request to pay via credit card (charge) which will go through the cashier's office. If the guest is being paid and/or receiving compensation as a part of their visit to campus, a department can arrange to reimburse the guest. If you need further advice on this process, please consult with Business Services by contacting Carol John at cljohn@stcloudstate.edu, or 320-308-3136.

Rates and Policies

Guest room rate is \$44 per night, and subject to change. Reservations are limited to four consecutive nights in order to provide for an equitable use of the space for the campus community. Guests are responsible for abiding by all University and Residential Life policies. Failure to do so could lead to removal from the suite and forfeiture of fees. Guests and sponsoring departments/organizations may be held responsible for replacement and repair costs for any damage and/or missing property from the guest suite. Cancellations may be made up to 48 hours before check in without penalty. Cancellations after this period are subject to charge for one night stay. There are no refunds once a guest has formally checked in for a stay. Questions regarding reservations and policies may be directed to the Department of Residential Life at 308-4698 or by emailing reslife@stcloudstate.edu. Please put "Guest Suite" in the subject line.

Name of Requestor: _____

Dept/Organization: _____

Signature: _____

Date: _____

OFFICE USE ONLY:

Date Reservation received _____

Reservation confirmed: _____

Confirmation Sent: _____



DEPARTMENT OF
RESIDENTIAL LIFE
ST. CLOUD STATE UNIVERSITY