

University of Toledo Office of Residence Life Summer Conference Reservation Form

Group Name: _____ Adult Youth (under 18) Both
Check In: Day: _____ Date: _____ Time: _____ a.m./p.m.
Check Out: Day: _____ Date: _____ Time: _____ a.m./p.m.
Group Coordinator: _____ e-mail: _____
Telephone: (_____) _____ - _____ Fax: (_____) _____ - _____
Address for Invoicing: _____ UT Mail Stop #: _____

City State Zip Code

Housing and Billing Information

Total Number to be Housed: _____ # in Double Rooms _____ # in Single Rooms: _____
Number of Male Participants: _____ # in Double Rooms _____ # in Single Rooms: _____
Number of Female Participants: _____ # in Double Rooms _____ # in Single Rooms: _____
Number of Male Staff/Counselors: _____ # in Double Rooms _____ # in Single Rooms: _____
Number of Female Staff/Counselors: _____ # in Double Rooms _____ # in Single Rooms: _____
Early Arrivals? Yes: _____ No: _____ # Expected: _____ Date of Arrival: _____
Late Departures? Yes: _____ No: _____ # Expected: _____ Date of Arrival: _____

Building Request:

_____ The Crossings (6 person suites; 2 in each bedroom)
_____ International House (4 person suites; 2 in each bedroom)

Room Assignments will be made:

In Advance _____ At Check In _____ By Group Coordinator _____ By Housing Staff _____

Linen Service Needed? Yes _____ No _____ (\$5/night/person)

Food Service Needed? Yes _____ No _____

Housing Related Charges: (Check One)

Bill Group Coordinator _____ Bill Participants _____ (Payment will be accepted in advance or at check-in)

Internal Transfer (For UT departments only) _____ Account Number: _____

Special Accommodations/Additional Requests:

Office Use: _____ Date Received _____
Building(s) Assignment: _____ Floor(s) Assignment: _____
Rates - Double: _____ Single: _____ Floor(s) Assignment: _____

Please contact : Mark A. Brooks, 419-530-8404 with questions/concerns.

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