

SHORT-TERM RENTAL RESERVATION FORM

BOOKING DETAILS

| | | | |
|--|--------------|--------------------|---------------|
| Last name (Mr./Mrs./Ms./ Dr): _____ | | First name: _____ | |
| Date of birth: _____ | mm / dd / yy | Nationality: _____ | |
| Arrival date: _____ | mm / dd / yy | Airline: _____ | Origin: _____ |
| | | Flight No.: _____ | E.T.A: _____ |
| Departure date: _____ | mm / dd / yy | Flight No.: _____ | E.T.D: _____ |
| Purpose of Stay: _____ | | | |

GUEST DETAILS

| | | |
|---------------------------------|--------------------------|--------------|
| Government Issued ID No.: _____ | Date of issue: _____ | mm / dd / yy |
| Address: _____ | | |
| City/State: _____ | Country: _____ | |
| Zip/Postal code: _____ | Email: _____ | |
| Telephone: _____ | Number of persons: _____ | |

PLEASE RESERVE - Please tick the appropriate boxes for your required service(s):

The George Alleyne Hall:

❖ Accommodation required:

- | | |
|--|--|
| <input type="checkbox"/> Single AC Room US\$65.00 per night | <input type="checkbox"/> Double AC Room US\$105.00 per night |
| <input type="checkbox"/> Single W/O AC Room US\$45 per night | <input type="checkbox"/> Single W/O AC Room US\$70 per night |

❖ Facilities Required: Linen, Towels & Housekeeping

Meal Plan: Yes No
 Breakfast

Other Special Request/ notation: e.g. Special menu, etc.:

EMERGENCY/REFERENCE CONTACT INFORMATION:

Name: _____ Relationship: _____
 Address: _____
 City/State: _____ Country: _____
 Zip/Postal code: _____ Email: _____
 Telephone: _____ Nationality: _____

Check-in / Check-out Policy

- Check-in: 1500 hours. Rooms required prior to 1500 hours must be pre-booked.
- Check-out: 1200 hours. All late check-outs are subject to an additional cost and must be arranged with the office.
- Full payment is required to guarantee your reservation.
- Full flight details are required to guarantee airport pick-up and return.
- A refundable security deposit of US\$100.00 must be paid prior to check-in by all guests staying two (2) weeks or more. This will be returned in full on your departure subject to no issues (i.e. damage/missing items) requiring a charge

Visitors

- Guests shall be charged a fee of US\$30.00 per night, per person for visitor's staying overnight.

Remarks

- Payments are non-refundable if cancellation of reservation is made 48 hours or less of the scheduled arrival date.
- Guest staying beyond seven (7) days will be required to complete our 138SL Short Term Rental Agreement
- Please send the **fully completed form for processing** along with a valid government issued identification directly to the office via **E-mail:** to shorttermrental@138studentliving.com
- The completion and submission of this form, without payment, **does not** guarantee a room will be reserved on your behalf.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Payment Received: US/JM\$..... Date..... Method of Payment.....
 Move Out Date Recorded: Yes Room Assigned: Invoice Number.....
 Name and Signature of Operator's Representative.....