Please complete all sections legibly. Incomplete applications will not be processed. This form can be filled out on your computer prior to printing. Please fax, e-mail, or drop-off to our office upon completion.

1. PERSONAL INFORMATION

Name: ___________________________ Last Name First Name Middle Initial

Male □ Female □

Current Address: ___________________________

City: ___________________________ Prov./State: _______ Country: _____________ Zip/Postal Code: ___________

Telephone: (_____ ) _____________ Fax: (_____ ) _____________ Email: __________________________

Emergency Contact Name: ___________________________ Telephone: (_____ ) _____________

Arrival Date: _____________ Departure Date: _____________

Check-in time is after 2:00pm

Check-out time is before 10:00am

2. RATES AND TAXES

Single or Double Occupancy Rates

DAILY $102
WEEKLY $515
MONTHLY $1,240

TAX RATES

For stays of thirty (30) nights or less
(8% PST + 5% GST) + (5% CITY ACCOM. TAX + GST)
For stays over thirty (30) nights - NO TAX

3. AMOUNT PAYABLE

Please use the appropriate calculation (A or B)

A) If staying thirty nights or less:

(No. of Weeks) _____ X $608.99 = $_________
(No. of Days) _____ X $120.62 = $_________

B) If staying thirty-one nights or more:

(No. of Months) _____ X $1,240.00 = $_________
(No. of Weeks) _____ X $515.00 = $_________
(No. of Days) _____ X $102.00 = $_________

TOTAL AMOUNT DUE: $_________

4. PAYMENT METHOD (SELECT ONE)

We require full payment in advance for individual bookings.

□ VISA □ MASTERCARD □ DEBIT □ CASH

Payments can be made in person at the Front Desk of the Arthur V. Mauro Residence. Credit Card payment can also be accepted by phone.

* Please note parking is not included in costs. If parking is required, please contact Parking Services at 204-474-9483.

□ FOAP (for U of M Departments only).

5. APPLICATION SUBMISSION

Return this completed application to:

RESIDENCE OFFICE ARTHUR V. MAURO RESIDENCE
101 - 120 DAFOE RD
WINNIPEG MB R3T 6B3
CANADA

Phone: 204-480-1415 | Fax: 204-474-7662
Residence Toll Free: 800-859-8737
Email: admissions.residence@umanitoba.ca

OFFICE USE ONLY:

RMS # _____________________________
FOAP form will be sent to Department to complete.

Date Rec’d. _______________ Date Processed ______________

Amt. Rec’d. ________________

Receipt No. __________________