GUEST SUITE RENTAL FORM

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: ___________ Check-in time is after 3:00pm

Departure Date: ___________ Check-out time is before 10:00am

2. RATES AND TAXES

Single or Double Occupancy Rates

DAILY $99
WEEKLY $500
MONTHLY $1,200

TAX RATES

For stays of thirty (30) nights or less
(7% 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 $586.25 = $__________
(No. of Days) _______X $116.08 = $__________

B) If staying thirty-one nights or more:
(No. of Months) _______X $1,200.00 = $__________
(No. of Weeks) _______X $500.00 = $__________
(No. of Days) _______X $99.00 = $__________

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).
FOAP form will be sent to Department to complete.

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: occupancy.coordinator@umanitoba.ca

OFFICE USE ONLY:

RMS # __________________________
Date Rec’d. ______________ Date Processed ____________
Amt. Rec’d. ____________________
Receipt No. ____________________