GUEST SUITE RENTAL FORM

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

1. PERSONAL INFORMATION

Name: ___________________________ Last Name ___________________________ First Name ___________ Middle Initial ________

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 3:00pm 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
(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 $591.25 = $__________

(No. of Days) _______ X $117.07 = $__________

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: 204-474-9922 | Fax: 204-474-7662
Residence Toll Free: 800-859-8737
Email: summer.residence@umanitoba.ca

OFFICE USE ONLY:

Date Rec’d. ___________ Date Processed ___________

Amt. Rec’d. ___________ Receipt No. ___________

<FOAP form will be sent to Department to complete>