

CHESTNUT RESIDENCE – University of Toronto

Summer Residence Application 2010

Please **PRINT CLEARLY** (there are two pages to this application: please ensure both are provided)

Family Name _____ First Name _____

Address _____ City _____

Province/State _____ Country _____ Postal/ Zip Code _____

Sex Male Female

Telephone Number () _____

Fax Number () _____

Email Address _____

Arrival Date _____ Departure Date _____

Room Type Single Double

Name of Roommate (if double) _____

Roommates must complete a separate application form

*You must supply roommate details to receive double rate; submit applications and book at the same time. If roommate leaves you will be charged as a single. In the absence of a sharer you will be assigned a room at single rate.

NB -

- 1. All students are required to sign a summer contract.**
- 2. There is a minimum one-month stay.**
- 3. All floors will be co-ed for summer 2010.**

DEPOSIT - \$400 CAD (in the form of a bank draft or money order) must accompany this application and will be held as a non-refundable deposit.

RESIDENCE FEES - Payment for one month stay must be received on arrival and subsequent payments will be due in advance. Residence fees can be paid by Visa, MasterCard, American Express, or cash as well as bank draft/ money order.

Name: Family Name _____ First Name _____

STUDENT RATES:

A minimum one month stay is required to be eligible for any student rates. All student rates include taxes, breakfast and dinner daily, dine in only. The rates listed below include a non refundable deposit of \$400.

	Sessional Discounted Rate (May 10-August 21, 2010)*	Regular Sessional Rate (May 10-August 21, 2010)	Monthly Rate (30 days) additional days will be pro- rated
Single	\$3946.96*	\$4635	\$1461
Double (per person)	\$2991.12	\$3438.14	\$1191.90

* Sessional Discounted Rate must be booked and paid in full by March 31, 2010. Meal programme will end on August 21, 2010

1) Are you a Student Non-student?

What faculty/college/university: _____
Student Number _____

** Please submit a photocopy of student ID with this application

2) Purpose of Stay in Toronto: Please explain **in detail** what you will be doing in Toronto (ex. working/where, taking classes, attending a conference/which one, etc.)

3) How did you hear about us?

By signing below, I declare that, I have read, understood and agree to abide by the Regulations and Practices of the Chestnut Residence which can be found

Signature of Applicant

Date

Please mail, fax or drop off this form including deposit to:

Chestnut Reservations Office, University of Toronto,
Chestnut Street, Toronto, Ontario Canada M5G 1R1
Fax: 416-977-1136