KEKULI HOUSE RESIDENCE

Selkirk College

301 Frank Beinder Way, Castlegar BC V1N 4L3, Canada Telephone: (250) 365-1227, Fax: (250) 365-1316

GROUP REQUEST FOR ACCOMODATION

Diagon Drivet	REQUEST FOR	ACCOI	VIODATION		
Please Print		<u> </u>			
Last Name		First Nan	First Name		
Mailing Address					
Prov/State	Postal/Zip Code	Country			
Signature	Telephone Number	Driver's L	icence Number	Place of Work and Phone Number	
Arrival Date and Time: Check in times 1 to 4 pm		Departur	Departure Date: Check out times 8:30 to 11 am		
Month Day Year		Month	Day _	Year	
> Please indicate the type	e of service you require.	> Rer	nember – book early to	o ensure a room with a view!	
	and that Selkirk College provides C does not have any application	to this agr		ense Agreement only, and the	
Group (with full service) # of ro	ooms required	Group	(with reduced service) #	f of rooms required	
• \$37 per person/per night (plus GST & HRT taxes) payable		 \$25 per person/per night (plus GST tax) 			
in advance on master accountOne person per unit		Guest to bring own linen/sleeping bagGuest to bring own toiletries			
 Minimum ten people for a minimum of two nights Group accommodations require advance confirmation/ payment to ensure space availability Damage deposit may be required 		Check in between 8 am and 4 pm			
Damage deposit may be in	equileu				
There is a \$100.00 group booking being cancelled.	b booking fee. This fee will be cre	edited to yo	our account but is non-	refundable in the event of the	
> One month prior to check	k-in date, 50% payment of accoun	nt including	g applicable taxes is re	quired.	
	neck-in date, the payment of the l EFUNDS for no-shows or cancell		account including appl	icable taxes is required. After	
Card Number			Expiry Date		
Cardholder's Name			T		
			i		

Date Signed

Card holder's Signature