

> LONG TERM (30 DAYS OR MORE) SUMMER RESIDENCE APPLICATION

PLEASE NOTE: SUMMER RESIDENCE IS AVAILABLE FROM MAY 6 TO AUGUST 15.

Individual students under the age of 18 will not be accepted into residence without proof of registration at Lethbridge College for the summer term.

REQUESTED ARRIVAL DATE: **DEPARTURE DATE:**

IDENTIFICATION INFORMATION (PLEASE PRINT CLEARLY):

Last Name: First Name: Middle Initial:

Have you lived in residence or attended at classes at Lethbridge College before: ☐ Yes ☐ No Lethbridge College Student ID#: s.....

Address: City:

Province: Postal Code: Birthday (YY/MM/DD): / /

Cell Phone Number: (.....) - Alternate / Home Phone Number: (.....) -

Email Address:

ROOM TYPE:

- ☐ **Individual** – Please choose:
- ☐ **Single Suite** (1 queen bed, private bathroom, kitchenette)
 - ☐ **Two-Bedroom Suite – no roommates, access to one bedroom only** (twin XL bed, bathroom, full kitchen)
 - ☐ **Shared Suite – 1-3 roommates** (twin bed, shared bathroom, kitchen, living room)
- ☐ **Family (conditions apply)** – Please indicate how many family members:
- ☐ **Company/Business** – Please indicate how many adults children

ARE YOU A STUDENT IN ANY POST-SECONDARY INSTITUTION? ☐ Yes ☐ No

\$50 NON-REFUNDABLE APPLICATION FEE: ☐ Cash ☐ Debit ☐ Cheque ☐ Mastercard ☐ Visa

CREDIT CARD INFORMATION (IF APPLICABLE):

Name (as it appears on card):

Credit Card Number: Expiry Date:

Cardholder Signature: CVV:

SIGNATURE OF APPLICANT: **DATE:**

APPLICANTS WILL BE CONTACTED WITHIN 5 BUSINESS DAYS OF RECEIPT OF THIS APPLICATION.

FOR OFFICE USE ONLY

Received on: LCID: Rent: RM Type: Confirmed: