

License Application/Contract for Summer Guests

Every guest residing in the MLLC during NDSU Summer Housing must return this form prior to or at check-in. Please return to william.frazier@ndsu.edu or mail to: Department of Residence Life, Attn: Bill, West Bison Court, NDSU Dept. 3430, PO Box 6050, Fargo, ND 58108

Last Name: _____ First Name: _____ MI: _____

Gender: _____ Email Address: _____

Home address: _____

Home Phone: _____ Cell Phone: _____

Purpose of Stay (please be specific): _____

Dates for which the residence is desired (7 day minimum, 4 day reservation notice required):

Date in: _____ Date out: _____

Rates:

31 days or less: \$37.75/per person/per night; More than 31 days: \$28.25/per person/per night
Non-NDSU sponsored guests are subject to a 10.5% sales tax. Damages to room or lost keys will results in additional charges.

NDSU Affiliated Partners: Your department will be invoiced after your guest checks out.

Non-NDSU Affiliated Guests: Payment must be provided prior to or at time of check-in, unless alternate arrangements have been made. Payments are non-refundable.

I hereby apply for accommodations as indicated above. I have read and agree to abide by the GENERAL CONDITIONS OF LISCENSE CONTRACT FOR SUMMER GUESTS.

Guest Signature / Date: _____

Parent Signature (if guest is under 18) / Date: _____

Dept Staff Signature / Date: _____

For University Use Only

Payment \$ _____ ***Date*** _____ ***Payment Method*** _____ ***Check #*** _____

Guest Room Assignment: ROOM: _____ ***Hall:*** _____