

SHEPTYTSKY INSTITUTE

1236 College Drive

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Email: sheps@skeparchy.com

REQUEST for SUMMER RESIDENCY (May - August)

Name: _____

Address: _____

Phone Number: _____ Email: _____

Gender: M__ F__ If group, # of M __ # of F __ Date of Birth: _____

Have you been a resident here before: Y: __N: __ If yes, which academic year(s) _____

Dates Required: _____ Day In: _____ Time In: _____ Day Out: _____

Is this a completion of your regular U of S academic program? Y: __N: __. If yes, please describe:

For stays of 2 weeks or more, provide references: (Name and Phone Number)

1) _____ (2) _____

Indicate preference, in numerical order, for accommodation.

____ single room shared bath _____ double room* private bath (Males only)

____ single room private bath (males only) _____ double room* shared bath

*Double room rates apply only when there a roommates available. In addition to room rates, refundable \$200.00 caution fee and key deposit of \$50.00 may be charged.

____ Request parking (limited to a few spaces therefore will be provided if possible)

*** Full payment is required in advance. Any exceptions must be cleared by General Administrator.

____ I understand that I must abide by the "Conditions of Occupancy" as described at www.skeparchy.com/accommodations . In particular, I understand that this is a non-smoking, alcohol/drug free residence. I also agree to "not" have visitors in residence after 11:00 pm Sunday to Thursday or after midnight Friday and Saturday.

Signature: _____