

CHARLES F. ("DOC") JOHNSTON RESIDENCE  
ST. ANDREW'S COLLEGE  
APPLICATION FOR SPRING-SUMMER ACCOMODATION

Date of Arrival \_\_\_\_\_ Date of Departure \_\_\_\_\_

Estimated Time of Arrival \_\_\_\_\_

Do you wish to have a parking permit? Yes \_\_\_\_\_ No \_\_\_\_\_

License No. \_\_\_\_\_ Year and Make of Car \_\_\_\_\_

A DEPOSIT OF **\$50.00** is required with the application (certified cheque or money order **payable to St. Andrew's College**). For credit card payment please call the College. I understand this deposit will be applied against the full cost, and is refundable only if my application for refund reaches the Residence Office 15 (fifteen) days prior to my arrival. I also understand that the balance owing for the period involved is payable upon arrival.

---

Signature

---

Print Name

---

Permanent Address

---

Telephone

Email:

---

References: (for stays longer than 7 days) PLEASE PRINT

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Deposit Received \_\_\_\_\_ Room Number \_\_\_\_\_

Receipt Number \_\_\_\_\_ Acknowledge \_\_\_\_\_

Amount Payable \_\_\_\_\_ GST Charge \_\_\_\_\_

Parking \_\_\_\_\_ Balance Due on Arrival \_\_\_\_\_