Swim Meet Housing Request
July 22 – 25, 2010
COLGATE UNIVERSITY

HOW TO RESERVE ROOMS: A limited number of University Apartments are available and will be assigned on a first come, first served basis. TO RESERVE ROOMS, PLEASE COMPLETE AND RETURN THIS FORM WITH YOUR PAYMENT AT LEAST TEN DAYS PRIOR TO THE MEET (July 12th). If your deposit and form arrive after all of our space has been filled, we will contact you immediately at the phone number you provide and return your check the following business day. You may call our office to inquire about available space, but we are not able to reserve rooms over the phone or without a deposit. NO REFUNDS CAN BE GIVEN ONCE A RESERVATION IS MADE.

WHERE YOU WILL STAY: Most apartments house four people with two double occupancy bedrooms, a living room, bathroom, and kitchen. The cost is $25.00 per person per night. Linens and three (thin) towels are provided. There is no air conditioning, so fans are recommended.

If you have any questions, please contact Colgate’s Office of Summer Programs at 315-228-7771.

I am requesting (check one):

☐ One Complete Apartment        or        ☐ One Double Bedroom*
(3 or 4 people ONLY)            (1 or 2 people ONLY)

For ______ people for the night(s) of:  ☐ July 22nd ☐ July 23rd ☐ July 24th
(number)

Payment enclosed for: _____ people X _____ nights X $25.00 =   $___________

Please hold this reservation under the name: ______________________________

Swim Team Affiliation: ______________________________

* If you are requesting one bedroom only, please check one:
   ☐ Please assign a shared apartment.
   ☐ I would like to share the apartment with: ____________________________

(name)

Please make your check or money order payable to Colgate University. All teams must include rooming lists with preferred roommates noted. All minors must be accompanied by a coach, parent, or guardian and the state-mandated ratio of minors to adult guardians is no more than 10:1. Return this form with payment to: Office of Summer Programs, Colgate University, 13 Oak Drive, Hamilton, NY  13346

________________________________________________________________________

Signature of responsible adult      Phone Number

If you would like to receive confirmation of your reservation and check-in information, please provide an e-mail address: ______________________________