

Anna I. Young Alumnae House

Guest Room Reservation Form

Key # *(office use only)* _____

Complete form and send to alumhouse@agnesscott.edu

Name: _____

E-mail address to send confirmation: _____

Cell: _____ **Home Phone:** _____

Check-in date: _____ **Check-out date:** _____

Check-in is after 3 p.m. and located at Public Safety.

Check-out is before 10 a.m. and leaving after 10 a.m. will incur a \$50 penalty.

Rate per night: \$90 for a room with one double or two twins (Rooms 1, 2 & 6)

\$100 for a room with 2 doubles (Rooms 3 & 4) – rates do not include tax which is an additional 8%

How many people will be staying in the room? _____

Do you need one double bed, two twins or 2 double beds? Check all that would work for you.

_____ 1 Double _____ 2 Twins _____ 2 Doubles

Is anyone in your group under the age of 10? _____ *(Children must be at least 10 to stay at the house.)*

How many cars will you have with you? _____

Affiliation:

Alumna – Class of _____ Prospective Student/Family Trustee College Guest

Parent (Student's Name: _____ Other: _____)

Credit Card to Book a room*: _____ Visa _____ MasterCard _____ American Express

Card #: _____ **Exp. Date** _____

CVV2 Code: _____ *(last three numbers in signature box on back of card or 4 on front of AMX)*

Cardholder's Name: _____

Billing Address: _____

Any other special requests: _____

For Office Use Only:

Room	Rate	Number of Guests	Number of Nights	Total
1				
2				
3				
4				
6				
Tax 8%				
Total				
3% Fee				

Confirmation email sent on _____

Charges will occur 72 hours prior to Check In
-Please check for electronic invoice from Square Up-