

**Guest Room Request Form and Funds Transfer Authorization**

Please complete this form to request a room reservation for the Anna I. Young Alumnae House. To streamline the reservation process, please go to <https://resnexus.com/resnexus/reserve/?ID=1325> and check for availability **before** returning this form. Completing this form is not a guarantee of a reservation. Your request will be confirmed via email shortly upon receipt of the request. All requests should be made as far in advance as possible and must be made within 48 hours of arrival.

Print and return this signed form to **The Office of Special Events and Community Relations, Presser Hall Room G21**, by interoffice mail or hand delivery. If you are booking more than one room for the same time period, each guest room should have its own form; however you only need to obtain one signature for the funds transfer if you attach the forms together. You may contact the reservations staff member at [alumhouse@agnesscott.edu](mailto:alumhouse@agnesscott.edu) with any questions.

Initiated by (print name): \_\_\_\_\_ Signature: \_\_\_\_\_

Department/Office/Organization: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Extension: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Guest Name(s): \_\_\_\_\_

Reason for Stay: \_\_\_\_\_

**Dates Requested**

Check-in Date: \_\_\_\_\_ Check-out Date: \_\_\_\_\_ # of Nights: \_\_\_\_\_

Estimated Rate: \_\_\_\_\_ nights x \$65/night = \$\_\_\_\_\_

**Room Requested**

- Room 1 (one full bed)
- Room 2 (two twin beds)
- Room 3 (two full beds)
- Room 4 (two full beds)
- Room 6 (downstairs/ADA compliant—one full bed lowered to accommodate guest in wheelchair, seat in shower)
- No preference

I will also be reserving event space in the house to coincide with this overnight reservation. I understand I must also submit the Alumnae House Event Space Reservation form.

Keys can be picked up at Public Safety at 3 p.m. on check-in day, or you may pick them up from the Office of Special Events and Community Relations. I will pick my keys up at  Public Safety  the Office of Special Events.

12-digit Account Number for the **DEBIT**: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Approval from the budget manager of account to be debited (printed name & signature please)

*For office use only:*

**CREDIT:** 74-07212-32132 \$ \_\_\_\_\_ (AH Reserve) \$25/room/night  
**CREDIT:** 11-07211-32131 \$ \_\_\_\_\_ (AH Revenue)

Demetrice M. Williams

Approval from the budget manager of accounts to be credited (printed name & signature please)

Reservation Confirmed: \_\_\_\_\_ Confirmation Sent: \_\_\_\_\_ Transfer Entry Date: \_\_\_\_\_

Room Assigned: \_\_\_\_\_ Room Rent Total: \$ \_\_\_\_\_