

**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** _____

Each resident is required to deposit the sum of \$450.00 as caution money when registering. This is payable by Cheque or a Credit Card and will be refunded when you move out provided that there are no charges against your account for lost keys, damages or insufficient cleaning of your room on move out.

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** _____