

Summer (Daily / Short Term) Application Form

Fax, Mail or Email

Use this form to fax (416-585-4530)

Or mail to:

Victoria University

140 Charles St. West

Toronto, ON M5S 1K9 Canada

Email accom.Victoria@utoronto.ca

A deposit of one night's accommodation plus 10% (G.S.T and Room tax) must accompany this application. We will accept a Certified Cheque, VISA or MASTERCARD.

Please print clearly.

Name: Mr or Ms. _____

Please circle one Last name

First name

Gender: Male Female

Mailing Address: _____ City: _____

Prov./ State: _____ Postal/Zip Code: _____ Country: _____

Telephone Number: _____ Email: _____

Arrival Date: _____ Departure Date: _____

Room Type(s): Single Double Number of Room(s) required: _____

Room-mate's name if choosing a Double room: _____

I wish to confirm my room reservation by

Certified Cheque enclosed :

Visa # _____ Expiry Date: _____

Master Card # _____ Expiry Date: _____

Signature: _____ Date: _____

Conference Name: _____

You will receive a confirmation by e-mailed and by mail along with your credit card receipt.

Thank you for choosing Victoria University for your accommodations.

By signing this application, you give consent to our collecting and using your above personal information for the sole purpose of arranging residence accommodation and services for you at Victoria University.