



MASSEY COLLEGE

GROUP RESERVATION FORM

CONTACT INFORMATION (ALL FIELDS REQUIRED)		ROOMS:		OFFICIAL USE ONLY	
NAME:		BUSINESS:			
ADDRESS:					
POSTAL CODE:					
TELEPHONE:			FAX:		
EMAIL:					

CREDIT CARD INFORMATION:							
CARD #:				VISA:	<input type="checkbox"/>	MC:	<input type="checkbox"/>
NAME ON CARD:				EXP DATE (MM/YY):			

ACCOMODATION INFORMATION:					
NUMBER OF ROOMS REQUESTED (ONLY STANDARD ROOMS APPLY):					
NUMBER OF STUDENTS / SENIORS IN GROUP:					

OTHER INFORMATION:					
ARRIVAL DATE:					
DEPARTURE DATE (CHECKOUT TIME IS 11:00AM):					
ADDITIONAL REQUESTS / INFORMATION:					

BY SUBMITTING THIS COMPLETED APPLICATION, I ACKNOWLEDGE THAT I HAVE READ & AGREE TO ABIDE BY THE TERMS AND CONDITIONS OF SUMMER RESIDENCY AT MASSEY COLLEGE.

DATE SUBMITTED: _____

THE TERMS AND CONDITIONS OF SUMMER RESIDENCY ARE AVAILABLE ON OUR WEBSITE.
 EMAIL TO MASSEY.SUMMER@GMAIL.COM OR FAX TO 416-978-1759.
 THE SUMMER RENTALS COORDINATOR WILL CONFIRM YOUR RESERVATION BY EMAIL.

