



Overnight Guest Form

By completing this form and signing below, you are confirming that you understand and are responsible for explaining the rules and policies of the University and our hall to your guest(s). I accept full responsibility for my guest(s) while they are visiting. I have discussed with my roommate(s) that a guest will be staying in our room and they agree. One form per guest per stay.

Your guest is NOT confirmed until you get an approval email from the rector.

*Please note that only female overnight guests are permitted in Cavanaugh Hall

Your Full Name: _____ Room Number: _____

Your Cell Phone: (In case we need to contact you about your guest): _____

Your Guest's Full Name: _____

What is your guest's date of birth? _____

Emergency phone number: Who should staff contact if there is an emergency?: _____

What date is your guest arriving?: _____

What date is your guest leaving?: _____

Sign below to confirm that both you AND your roommate(s) agree to all the conditions of having a guest:

Your printed name: _____

Your signature: _____

Roommate's printed name: _____

Roommate's signature: _____

Date signed: _____