

## Short Stay Application Form

### BOOKING DETAILS

Last name: _____ (Mr./Mrs./Ms./ Dr)	First Name: _____
Date of birth: _____ mm / dd / yy	Nationality: _____
Arrival date: _____ mm / dd / yy	
Departure date: _____ mm / dd / yy	
Purpose of Stay: _____	

### GUEST DETAILS

Government Issued ID No: _____	
Address: _____	
Telephone No: _____	Email: _____
Number of Persons: _____	

### PLEASE RESERVE - Please tick the appropriate boxes for your required service(s):

Accommodation Type:
<input type="checkbox"/> Single Occupancy
<input type="checkbox"/> Double Occupancy
Amenities:
<input type="checkbox"/> With Linen
<input type="checkbox"/> Without Linen
<i>Please note rooms do not have a fan or ac unit.</i>



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### EMERGENCY/REFERENCE CONTACT INFORMATION:

Name: _____	Relationship: _____
Address: _____	
Email: _____	Telephone: _____

### Check-in / Check-out Policy

- Check-in: 1500 hours. Rooms required prior to 1500 hours must be pre-booked.
- Check-out: 1200 hours. All late check-outs are subject to an additional cost and must be arranged with the office.
- Full payment is required to guarantee your reservation.
- Please send the completed form for processing along with a valid government issued identification directly to the office via E-mail: to [Lodgings.ossd@uwimona.edu.jm](mailto:Lodgings.ossd@uwimona.edu.jm)

The completion and submission of this form, without payment, does not guarantee a room will be reserved on your behalf.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Payment Received: US/JM\$ ..... Date .....

Method of Payment ..... Move Out Date Recorded: ☐ Yes

Hall Assigned: ..... Invoice Number .....

Name and Signature of Operator's Representative .....