

SAIT Residence Reservation Request

CONTACT INFORMATION

Contact Name: _____

Group Name: _____

Address: _____

City: _____ Province/State _____ Postal /Zip Code: _____

Phone: (_____) _____ Email: _____

Fax: (_____) _____

RESERVATION INFORMATION

How Many People In Your Party: _____

Check-In Date: ____ / ____ / ____ Check-Out Date: ____ / ____ / ____

****Dates of stay during Stampede will be subject to a Stampede premium****

ROOMS NEEDED

Type:	Quad Units (4-Bedrooms, 2-Bathrooms) **Occupancy 4-8 people**	2-Bedroom Units (2-Bedrooms, 1-Bathroom) **Occupancy 2-4 people**	Studio Units (1-Bedroom, 1-Bathroom): **Occupancy 1-2 people**
Quantity:			

Do You Require Double Occupancy YES NO
2 People Per Bed

Do You Require a Parking Pass YES NO

This reservation form is a request; it does not guarantee a booking until we have processed it subject to our availability. You will have an agreement returned to you with specific information in order to finalize all bookings. You may return this form by email to residence@sait.ca or fax at 403.284.8435.

Double occupancy must be stated at the time of returning this form.