

Bates

Dunn Guest House Room Reservation Request Form

Date of Request: _____

Requestor Name: _____

Requestor Department: _____

Requestor Phone Number: _____

Requestor Email Address: _____

Sponsor/Host Name: _____

Sponsor/Host Department: _____

Sponsor/Host Phone Number: _____

Sponsor/Host Email Address: _____

Guest(s) Name: _____

Guest Classification: _____ Alumni _____ Candidate
_____ Guest Artist _____ Performer
_____ Trustee _____ Other (Please specify in Notes section below)

Arrival Date: _____

Departure Date: _____

Additional Notes (if any): _____

Fund/Org NUMBER to be charged: [required] _____

NO SMOKING ALLOWED

NO PETS ALLOWED

Please return form to guesthousing@groups.bates.edu