

# Bates

## VIP Suites Apartment (144 Nichols St) 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](mailto:guesthousing@groups.bates.edu)**