



**BOOKING FORM FOR GUEST ACCOMMODATION
AT THE HALLS OF RESIDENCE**

Title: Name:.....

Home Address:

.....

.....

Telephone: Email Address:.....

Emergency Contact:

Arrival Date/Time: Purpose of Visit.....

.....

Number of nights:

Number in party:

Please write names of additional guests on the back of this form

Departure Date:Departure Time: **10am**

Payment for accommodation: Self / Company (please circle)

Payment must be made in advance by cheque, made payable to the **University of Bolton**, and sent to Guest Accommodation, Student Services, Deane Road, Bolton, BL3 5AB

Address of company (if appropriate):

.....

.....Postcode:.....

Telephone:

Total Payment:

Budget Code (if Internal) :

Signature: Client: Date:.....

Signature: Halls Staff: Date: