Delta State University Cassity Hall Reservation Form

Guest Name:				
DSU Event Title:				
**Arrival Date:				
Departure Date:				
approved in ad	lvance. An addit	Check-out time is 10 tional night's stay wi 00 a.m. on departure	ll be charged	exceptions must be to your department
		iest here for business I request a reservatio		related to the ividual(s) listed above.
apartment. The comore and you wo below after guest	charge per night uld like the redu 's departure. It i	is \$75 (please check ced rate). Guest sta	below if gues y will be char y to pick up k	items taken from the t is staying five nights or ged to the account listed ey to the apartment and
Signature:				
Printed Name:				
Department:				
Date:				
Please charge the	following accoun	nt:		
Fund:	Org:	Account:	75790	_
		ing 5 nights or more e a week cleaning.	and I would	like the discount rate of
** Please call Joy	ce (4004) prior to	o completing this for	m to see if da	ites requesting are availab

The Cassity Apartments have a No Pets Allowed Policy!!