

**ICSNL 44  
SUMMER HOUSING APPLICATION**

**Please remit to:**      **The University of Montana,  
Residence Life Office,  
101 Turner Hall, Missoula, MT 59812**

Official Use Only: Group Number ___ Cash ___ Check Number _____ ___ Received by _____ Date _____
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**FULL HOUSING PAYMENT REQUIRED WITH APPLICATION**

**Please Print:**

Last Name	First Name	Middle Name	E-mail address		
Student ID or Social Security Number			Telephone Number		
Permanent Address		City	State	Country	Zip Code

Signature	If paying with Credit Card (MC, VISA) Number _____ Expiration Month and Year _____ Name as It Appears on Card _____
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I have read and agree to the conditions of residence:

Student Signature	Date
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**Housing is available in Craig Hall from August 1 – 7, 2009  
I want to stay for the following dates:**

Check-in Date      \_\_\_\_\_  
                                 MM/DD/YY

Checkout Date      \_\_\_\_\_  
                                 MM/DD/YY

**Room Preference:**

- Double Room    \$17.00 per person, per night  
A participant attending the same program will be assigned as a roommate unless one is indicated below.  
Roommate Preference: \_\_\_\_\_
  
- Single Room    \$24.00 per person, per night  
A limited number of single rooms are available.  
If a single is not available at the time your application is received, you will be assigned to a double room and a roommate will be assigned.

**Gender:**

- Male
- Female

**Special Accommodation Needs:**

Please attach a letter describing special needs together with confirmation from your physician/counselor.