BOILERMAKER

RESERVATION FORM:

BY MAIL (PLEASE PRINT & RETURN WITH CHECK TO:)

MVCC DORMITORY CORPORATION
1101 SHERMAN DRIVE
UTICA, N.Y. 13501-5394

NAME: _____
STREET: _____
CITY: _____STATE:_____ ZIP:_____
ARE YOU OVER AGE 21? Y N

MVCC RESIDENCE HALLS ARE ALCOHOL & SMOKE FREE.

RESERVATION OPTION:

_____ **OPTION 1**: "FULL SUITE"
ARRIVAL DATE: __7__/_11__/__9__
DEPARTURE DATE: : __7__/__12__/__9__
NAME OF UP TO 4 OTHER GUESTS
OVER 21 YRS OLD?
_____ Y N
_____ Y N
_____ Y N
_____ Y N

_____ **OPTION 2**: ROOM FOR YOURSELF, OR YOU AND A SAME GENDER GUEST, IN AN ALL MALE **OR** ALL FE MALE SUITE WITH OTHER GUESTS.
YOUR GUEST NAME (IF ANY) _____
ARRIVAL DATE: __7__/_11__/__9__
DEPARTURE DATE: : __7__/__12__/__9__

(WHY SAME GENDER? BECAUSE OF THE BATHROOM SET-UP.)

TOTAL PAYMENT: $_____

PLEASE ENCLOSE CHECK OR MONEY ORDER.

DEBIT/CREDIT CARD: CALL: 315-792-5361
(BETWEEN 9:00 A.M.— 4:00 P.M. M-F)

CHECK-IN TIME: 3:00 P.M.— 9:00 P.M.
CHECK-OUT TIME: 2:00 P.M. DEPARTURE DAY

CONFIRMATION WILL BE SENT UPON RECEIPT OF PAYMENT.