



Condominium Accommodation Reservation Form (CARF)

REMINDERS	
(1) The maximum number of guest to be accommodated in each unit is two (2).	
(2) Filled out scanned copy of this form must be submitted via email to satellite.campus@dlsu.edu.ph at least two (2) weeks prior to the arrival of the guest.	
(3) This form is considered a request to reserve a unit subject to confirmation by the Director for Satellite Campus Facilities.	
(4) The confirmation of reservation shall be subject to the availability of the appropriate unit and based on the hierarchy of priority for guests.	
(5) Reservation of any DLSU condominium unit shall be for a maximum period of four (4) months, renewable for another period of four (4) months.	

RESERVING PARTY

Sponsoring Office		Contact Person/Position
Office Location	Tel./Local No.	Email Address
		@dlsu.edu.ph

RESERVATION DETAILS

Guest Key Information				
Last name	First Name	Middle Name	Check-in Date	Check-out Date
1.				
Nationality	University/Organization		ETA	ETD
(For with accompanying guest)				
Last name	First Name	Middle Name	Relationship to the Principal Guest	
2.				
Official Business with DLSU				
<input type="checkbox"/> Visiting Professor <input type="checkbox"/> Exchange Student <input type="checkbox"/> Visiting Researcher <input type="checkbox"/> Others: _____				
Mode of Payment				
<input type="checkbox"/> Book Transfer <input type="checkbox"/> Cash <input type="checkbox"/> Others : _____				
Requested by			Approved by	
_____ Signature Over Printed Name/Date			_____ Dean Signature Over Printed Name/Date	
Endorsed by			<i>Confirmation of the condominium unit reservation will be sent via email to the contact person of the Sponsoring Office no later than three (3) working days after the accomplished scanned copy of this form has been sent to satellite.campus@dlsu.edu.ph</i>	
_____ Chair/Dean Signature Over Printed Name/Date				