



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 for a maximum period of four (4) months (renewable for another period of four (4) months) will only be allowed for VIP Guests, Visiting Scholars, and Exchange Students duly endorsed by the OPC,OVCA, OVCR1 or ERIO.
- (6) Visitors who are categorized as "Other Guests" will only be allowed to make reservation for a maximum period of **seven (7) accommodation nights** duly endorsed by the Unit Head of the Sponsoring Office, Permanent DLSU Employee or Currently Enrolled DLSU Student).

RESERVING PARTY

Office/Organization		Name of Requesting Party/Position		
Office Location	Tel./Local No.	ID No.	Mobile No.	Email Address
				@dlsu.edu.ph

RESERVATION DETAILS

Guest Key Information				
Last name	First Name	Middle Name	Check-in Date	Check-out Date
Nationality	University/Organization		ETA	ETD
(For with accompanying guest)				
Last name	First Name	Middle Name	Relationship to the Principal Guest	
Official Business with DLSU				
<input type="checkbox"/> VIP Guest <input type="checkbox"/> Visiting Faculty/Visiting Scholar <input type="checkbox"/> Exchange Student <input type="checkbox"/> Others: _____				
Mode of Payment				
<input type="checkbox"/> Book Transfer <input type="checkbox"/> Cash <input type="checkbox"/> Others : _____				

ENDORSEMENT

<p>[1] For VIP Guests</p> <p>_____</p> <p style="text-align: center;">President/Chancellor</p>	<p>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</p>
<p>[2] For Visiting Scholars and Exchange Students</p> <p>_____</p> <p style="text-align: center;">Supervising Vice President/Vice Chancellor</p>	
<p>[3] For Other Guests</p> <p>_____</p> <p style="text-align: center;">Supervising Dean/Head of Office/Permanent DLSU Employee/DLSU Student</p>	