

To: The dorms house mother

Date: _____

Request Form: Room for guest in an apartment in the university dormitories (not a guest apartment)

- I would like to book a room in an apartment in the building (please mark):
☐ Shikma ☐ Talia ☐ Britannia ☐ Federman
- Last name: _____ First name: _____
Sap ID: _____ Country: _____
Email: _____
☐ Male ☐ Female ☐ Couple
- Accommodation Period from _____ until _____
Hosts name: _____ Occupation: _____
Faculty / Department / Unit: _____ Phone: _____
Name and phone for Emergency contact (mobile only): _____
- Choose the way to charge the hosting cost: (please mark)
 - ☐ The guest will pay privately on his / her expense. For the case of non-payment by the guest, please provide a budget / research number: _____ of the host unit.
GL number: _____
 - ☐ The hospitality will be paid from the budget / research number: _____
GL number: _____
- Please Note :
 1. This reservation will result the rejection of other guests, and its later cancellation may cause considerable damage to the dormitories. Any change / cancellation must be notified in writing / fax up to **two weeks** prior to the occupancy date, otherwise the guest will be charged a cancellation fee, as follows: Cancellation less than two weeks prior to the date, will be charged 25% of the total cost of the reservation. Cancellation less than one week before the date will be charged a fine of 50% of the total cost of the reservation. Cancellation of one day prior to the date, will be charged a fine of 100% of the total cost of the reservation
 2. All Guests must present prior to arrival an Israeli Medical Insurance Policy from **Harel Yedidim** or any other policy from an Israeli health Insurance Company.
 3. The guest is obligated to act according to the dormitory laws and code of Conduct.
- **Signature of Head of Administration / Budget / Pledged:**

Name: _____

Signature and stamp: _____