To: The dormitory office 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 Insurence 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:_____**