

CSU SUMMER 2017 COLLEGE INTERN RESERVATION FORM

Department of Residence Life

2450 Euclid Ave. Cleveland, OH 44115

216.687.5196

Fax: 216.687.5156

www.csuohio.edu/reslife

Company Name: _____

Contact Person: _____
(FIRST) (MIDDLE) (LAST)

Address: _____
(STREET) (CITY) (STATE) (ZIP)

Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Check-In Date (as early as May 27, 2017)	Check-Out Date (as late as Aug. 12, 2017)	Number of Interns

Euclid Commons ACCOMODATIONS

Please indicate the number of required **beds** you will need for your accommodation.

See page 2 of this reservation form for an accommodation diagram.

Unit Type	Occupancy	Weekly Rate	Application Fee (non-refundable)	Security Deposit	# of Male BEDS needed	# of Female BEDS needed
Euclid Commons 4 Bed/2 Bath	Private bed/ Shared bath Living area & kitchen	\$197.00/per person	\$25.00/Per person	\$175.00/Per person		

Special Requests: _____

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Department of Residence Life

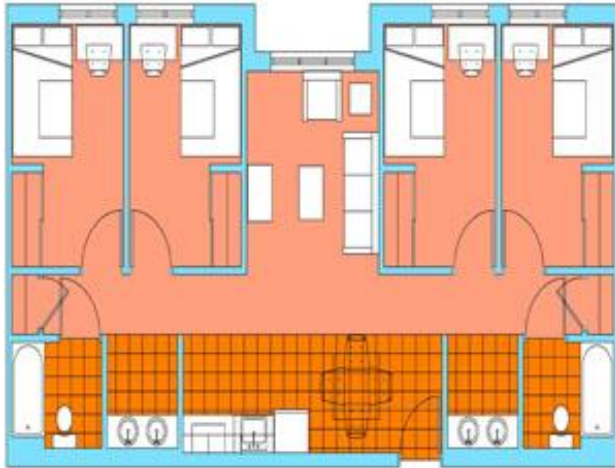
2450 Euclid Ave. Room #198 Cleveland, OH 44115

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Rate and Floor Plan:



Private Bedroom	\$197 per week
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Special Requests: _____

Amenities include:

- ✓ Air Conditioning
- ✓ 24 hour courtesy desk
- ✓ Wireless Internet Access
- ✓ Free Laundry
- ✓ Walking distance to restaurants
- ✓ After hours on-call staff
- ✓ In-room kitchens
- ✓ Convenient check in/check out
- ✓ Game Room
- ✓ Walking distance to Downtown Cleveland
- ✓ Access to public transportation

If you fail to answer any question, or if you have given false information: (1) we are entitled to reject this application; (2) we will retain all processing fees and deposits as liquidated damages for time spent and expenses; (3) we will terminate any right to lease the bedroom; and (4) if you have signed a lease, it will be a violation of the lease.

By my signature I attest that the information contained herein is correct. The management is authorized to verify my credit history, and all other submitted information for the purpose of evaluating this lease application.

I certify that the information provided on this application is accurate and complete. I understand that any misrepresentation or omission may be cause for the University to revoke housing privileges.

Supervisor Signature: _____ **Date:** _____

ROOM ARRANGEMENTS:

OCCUPANCY: _____ (herein after referred to as “Group”) is to provide Cleveland State University Department of Residence Life (“CSU”) with a room assignment roster. It will be the Group’s responsibility to assign rooms. Room types will be based on page 1 of the Conference Registration Form. CSU will provide Group with a list of rooms to be used for assignment.

KEYS: Keys and conference guest cards will be issued to guests for their personal use and are not transferrable. Group participants should always lock the unit’s door for their personal safety and the safety of the Group participant’s personal property. Lost keys shall be reported immediately.

Groups will be charged \$75 labor and \$10 per key for each lost key and \$25 for each lost guest card. These charges are payable by the Group at the time the new key and/or guest card are issued. Keys and cards not turned in to CSU at the time of the Group’s check out will be considered lost, and the costs thereof added to the Group’s invoice.

PARKING: Parking is available to Groups. All parking accommodations will need to be made in advance with Cleveland State University’s Parking and Transportation Services Office by calling 216-687-2023 or by email at parking@csuohio.edu.

OTHER: Televisions, phones, and/or alarm clocks will not be provided in the rooms.

RATES:

The charge for attendees is priced per bed per week. **Group will inform CSU at least 30 days prior to the check in date if the number of beds or linens from page 1 of the reservation form has changed. If the Group does not inform CSU within 30 days prior to the check in date, the Group will be contracted for the number of beds requested on page 1 of this reservation form, even if some beds are left vacant.**

CONTRACT:

A written contract will be provided to the Group at least 30 days prior to the check in date. The Group will execute and return the signed contract to CSU within seven (7) business days following its receipt of the same, along with one-half of the contracted amount by MONEY ORDER OR CHECK ONLY. All payments should be made payable to “Euclid Commons.”

REFUNDS:

Unless otherwise stated in this Reservation Form or the contract form, and except for extreme emergencies, refunds for cancellations, late arrivals, and/or early departures will not be made.

FINAL PAYMENT:

The contracted amount must be paid in full prior to the Interns move in date and receiving keys. All payments should be made payable to “Euclid Commons.”

LATE PAYMENT:

Any overdue invoices will be assessed the maximum interest charge allowed by state law.

IMPOSSIBILITY OF PERFORMANCE:

This reservation form will terminate without liability to either party if substantial performance of either party's obligations is prevented by an enforceable cause reasonable beyond that of either party's control. Such causes include, but are not limited to, acts of God; regulations or orders of Governmental authorities, fire, flood, or explosion; war, disaster, strike, labor dispute, energy shortage, or in the event that the premises are sold in a bona fide sale.

Reservation is entered into this _____ day of _____, 20____, by and between Cleveland State University Department of Residence Life (Euclid Avenue Development Corporation), and

_____.

The authorized representative of the Group, by signing this contract, agrees to all of the above provisions, terms and conditions, and has the legal power and authority to enter into this agreement.

GROUP REPRESENTATIVE:

DIRECTOR OF RESIDENCE LIFE:
Cleveland State University, Department of Residence Life, Euclid Avenue Development Corporation

Printed Name

By: _____
Lynn Ellison

Title: Director of Residence Life

Signature

Title

Date

Date