



University of Georgia

Division of Student Affairs

Department of University Housing

UGA Housing Conference Services GUEST REGISTRATION FORM

Camp or Conference Name

GUEST INFORMATION	
Name (First Middle Last)	
Address (Street or P.O. Box)	
City, State & Zip Code	
Emergency Contact (Name and Telephone Number)	
Special needs or accommodations required?	
Guest Signature	Date

STAFF USE ONLY			
CHECK IN			
	Single ()	Double ()	
	Suite Bath ()	Comm'ty Bath ()	
Residence Hall	Linen: Y ()	Linen: N ()	
Room #			
Check-In Date	Key Code Check-Out		
Check-In Staff: Print name and initial			
CHECK OUT			
Check-Out Date	Key Code Check-In		
Check-Out Staff: Print name and initial			
TEMPORARY KEYS			
Key Out: Date	Time/Initials	Key In: Date	Time/Initials
Key Out: Date	Time/Initials	Key In: Date	Time/Initials

Billing
Total Nights Billed
Total, Other Charges (Below)
Lost Key Charged (\$45.00 per key)
Excessive Cleaning Charge (\$ + Describe)
Damage & Other Charges (\$ + Describe)