

Summer Housing Office  
Monroe Community College  
1000 East Henrietta Road, Rochester, NY 14623  
telephone: (585) 292-2173 fax: (585) 292-3844  
www.monroecc.edu/go/ce email: cbelluccio@monroecc.edu

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Application For Use of Summer Housing Facilities

❖ **Group Information**

Name of Conference \_\_\_\_\_

Sponsoring Organization or College Affiliation (if applicable) \_\_\_\_\_

Business Address \_\_\_\_\_

Person Responsible \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

❖ **Dates Requested**

Preferred Conference Dates: First Choice: Arrival \_\_\_\_\_ Departure \_\_\_\_\_  
(month/day/yr) (month/day/yr)

Second Choice: Arrival \_\_\_\_\_ Departure \_\_\_\_\_  
(month/day/yr) (month/day/yr)

❖ **Housing Requirements**

Total estimated number of participants to be housed \_\_\_\_\_ (# of Women \_\_\_\_\_ # of Men \_\_\_\_\_)

Is this an adult group or a youth group? \_\_\_\_\_

Do you want your participants to receive exterior door swipe cards?  Yes  No

If not, please state the time that you would like the buildings to be locked in the evening and the time you would like them opened in the morning during their stay.

Locked \_\_\_\_\_ AM/PM (please circle) Opened \_\_\_\_\_ AM/PM (please circle)

❖ **Commuters**

Do you expect commuters?  Yes  No If yes, estimated number of people expected \_\_\_\_\_

❖ **Food Service**

Will you require food service?  Yes  No

If yes please contact the Conference and Events Office at (585) 292-2175 to discuss your group's Food Service Needs.

❖ **Linen Service**

Full set (two flat sheets, two towels, one cotton blanket, one pillow and one pillowcase)

Additional linen request (ex. Wash cloths, extra blankets, extra towels)

No linen requested

❖ **Amenities (limited quantities available)**

Coffee Maker

Alarm Clock

Telephone

❖ **Check-In & Check-Out Procedures**

Check-In

Preferred Check-In Start Time: \_\_\_\_\_

Preferred Check-In End Time: \_\_\_\_\_

Preferred Check-In Location: \_\_\_\_\_

Check-Out

Preferred Check-Out Start Time: \_\_\_\_\_

Preferred Check-Out End Time: \_\_\_\_\_

Anticipated time of arrivals of event organizers: \_\_\_\_\_

❖ **Meeting Facilities**

Do you require meeting facilities?  Yes  No

If yes – please complete the attached Conferences and Events Usage of Facilities Application

❖ **Other Information** (please add any pertinent information below)

❖ **Master Billing**

Please provide contact name, number, and billing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

❖ **Responsible Party**

Please provide name and phone number (cell phone # if possible) of on site contact person who may be called during the event: \_\_\_\_\_

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I have read and agree to the enclosed rate sheet, policies and procedures manual and have answered this application to the best of my knowledge. I understand that the receipt of this application does not guarantee my space and that the policies and procedures are subject to change.

\_\_\_\_\_  
Printed Name of Authorized Conference Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Conference Representative

❖ **Internal Use Only**

Date Received \_\_\_\_\_

Conferences and Events Office Staff \_\_\_\_\_