



RETURN TO:
OFFICE OF STUDENT SERVICES
(904) 819-6238, Office Hours: Mon-Fri, 8:00 am to 5:00 pm

Overnight Guest Request Form

ONLY 1 GUEST PER ROOM

2 night maximum per 7 day period anywhere on campus

Payment: 3 week days prior to guest arrival = \$ 3.00 per night Mattress Delivery Available if Needed
Payment: 2 or 1 week day prior to guest arrival = \$10.00 per night NO Mattress Delivery Available
Unauthorized or Unapproved guest = \$50.00 per night per guest

NO GUESTS ALLOWED: **first and last week of semester, finals week, Thanksgiving or Spring Break.**

The student is responsible for the actions of his/her guest while on Flagler campus.

Today's Date: _____

Student Name: _____ Student ID#: _____

Residence Hall: _____ Room Number: _____

Resident Advisor: _____

Guest Name: _____

GUEST AGE:
Family = 13 +
Non-Family = 17 +

Arrival Date: _____

Depart Date: _____

of Nights:
(2 night maximum) _____

Mattress Needed: YES NO (CHECK ONE !)

Payment Amount: _____

OFFICE USE ONLY

Approved by Student Services: _____ Cash Received: _____ Date: _____