

**Summer Housing Reservation Form  
Center for Continuing Studies  
Lewis & Clark, Portland, OR**

**Contact Information:**

*Please type or print*

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Email: \_\_\_\_\_

**Arrival Information:**

Arrival Date \_\_\_\_\_ Arrival Time \_\_\_\_\_

*(Please plan to arrive prior to 11 p.m. as Visitor Information closes at that time.)*

Departure Date \_\_\_\_\_ Conference \_\_\_\_\_

*(Check out by Noon is requested.)*

**Preferences:**

Single occupancy \_\_\_\_\_ Fee \_\_\_\_\_ Smoker \_\_\_\_\_ Non-smoker \_\_\_\_\_

Double occupancy \_\_\_\_\_ Fee \_\_\_\_\_ **All residence halls are non-smoking.**

Roommate Preference \_\_\_\_\_

Handicap or special arrangements needed. Please explain.

\_\_\_\_\_

\_\_\_\_\_

**Payment:**

A \$50 deposit required. Full payment is due 10 business days prior to arrival. Make checks payable to: Lewis & Clark College. Visa or MasterCard accepted. Cancellations must be received in writing no later than 10 business day prior to arrival.

Card# \_\_\_\_\_ Expiration Date \_\_\_\_\_ Vcode \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Amt on card \$ \_\_\_\_\_

**Mail or Fax to:**

Center for Continuing Studies, Lewis & Clark College

0615 SW Palatine Hill Road, MSC 85,

Portland, OR 97219-7899;

**Fax:** 503-768-6045; **Phone:** 503-768-6040; **Email:** [ccps@lclark.edu](mailto:ccps@lclark.edu)

**Be sure to include your \$50 deposit.**

**For Office Use Only**

Room \_\_\_\_\_ Phone \_\_\_\_\_ Date Received \_\_\_\_\_

Total Due: \$ \_\_\_\_\_ Deposit received: \$ \_\_\_\_\_ Amount Due: \$ \_\_\_\_\_