



Guest Pre-Registration

Resident's Last Name: _____ Resident's First Name: _____

Residence: _____ Room #: _____ Phone: _____

GUEST #1

Guest's Last Name: _____ Guest's First Name: _____

Home Address: _____ City: _____ Phone: _____

Date of Arrival ___/___/___ Date of Departure ___/___/___
(dd / mm / yy) (dd / mm / yy)

GUEST #2

Guest's Last Name: _____ Guest's First Name: _____

Home Address: _____ City: _____ Phone: _____

Date of Arrival ___/___/___ Date of Departure ___/___/___
(dd / mm / yy) (dd / mm / yy)

Wristbands are required to be worn by guests at ALL times during their visit. Guests without a valid wristband will be asked to leave and have their visitation privileges revoked for the remainder of the day. Residence staff have the right to refuse or revoke a wristband to a guest whose behaviour or level of intoxication is disruptive or whose behaviour is deemed inappropriate.

Having guests in residence is a privilege that may be removed should a student or their guest violate the resident guest policy or the Residence Understandings. You assume full responsibility for any visitors you bring into the residence, including disciplinary sanctions for behaviour or damages caused by your guest(s). **Poor behaviour of your guest will result in disciplinary sanctions against you, so please be careful about whom you sign in.** The University has the right to change, modify, or revoke the guest policy at any time should instances of safety or security come to its attention.

Please see page 46 of the 2011 Residence Handbook and Understandings for full details of the residence guest policy.

I have obtained permission from my room/suitemates (✓)

By signing below, I am acknowledging that I have provided full and truthful information above and I also agree to adhere to the Guest Policy and the Residence Understandings.

Resident's Signature

The personal information on this form is collected under the authority of the *University of Western Ontario Act, 1982*, as amended. The information is used to ensure key medical and contact information is available for emergency purposes and will be provided to emergency and/or University personnel as required in the event of an emergency. It may also be used for investigation purposes should any damages or breach of the Residence Understandings take place. If you have any questions about the collection, use, or disclosure of this information, please contact:

Director of Residences
Elgin Hall Room 102, The University of Western Ontario
London, ON N6A 5B9
(519) 661-3548

Office Use Only	Entered <input type="checkbox"/>	Initials _____	
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