Bethany College

SANDZÉN GUEST HOUSE

421 N. 2nd Street, Lindsborg, KS 67456

Reservation Form

Campus Person Requesting Reservation: _____ **Ext:** _____

Department to be Charged: _____ **Acct.#** _____

PAYMENT:

If sufficient funds are not available in budget account number provided, or there is no account # provided, the person making the reservations should provide billing information (i.e. name, address, etc.) of person responsible for payment. Without this information, the person completing the reservation form will be held personally responsible for this charge.

Guest Name(s): _____

- ***PLEASE NOTE*** --
- *This is a guest home, not a hotel room. Guests are expected to respect the home and not leave it in disarray. If additional time is required for cleaning up after guests, a charge equal to one night's lodging will be added to the assessed room cost.*
- *Lost keys will result in a charge for rekeying.*

Purpose of the visit: _____

Will be arriving at the house: _____

Day Date Time (approximate)

Will be leaving: _____

Day Date Time (approximate)

Length of Stay *(see rates below)*

____ Short Term* = Less than two weeks

____ Mid Term** = Two to four weeks

____ Long Term*** = More than one month

_____

Signature

Return this completed form to the
President's Office to confirm reservation.

FOR ACCOUNTING PURPOSES

RATES per night:	***Short Term**	**/ **Mid Term**	**/ ***Long Term**
One person / One Night	$65	$45	$20
2 people (one room) / Per Night	70	50	30
2 people (two rooms) / Per Night	85	65	40
3 people (two rooms) / Per Night	90	70	50
4 people (two rooms) / Per Night	95	75	60

CHARGE DETERMINATION:

# of Guests: _____ # of Nights _____ # of Rooms:_____

FROM: Account # above

TO: 41-5652-2022

_____ **TOTAL CHARGES**: $ _____

Signature

PresOffice/Rev 3-20-13