Summer (Daily / Short Term) Application Form
Fax, Mail or Email
Use this form to fax (416-585-4530)
Or mail to:
Victoria University
140 Charles St. West
Toronto, ON M5S 1K9 Canada
Email accom.Victoria@utoronto.ca

A deposit of one night's accommodation plus 10% (G.S.T and Room tax) must accompany this application. We will accept a Certified Cheque, VISA or MASTERCARD.

Please print clearly.
Name:Mr or Ms._____
Please circle one Last name First name

Gender: ☐ Male ☐ Female

Mailing Address: _____City: _____

Prov./ State: _____Postal/Zip Code: _____Country:_____

Telephone Number: _____Email: _____

Arrival Date: _____Departure Date: _____

Room Type(s): ☐Single ☐ Double Number of Room(s) required:_____

I wish to confirm my room reservation by

Certified Cheque enclosed : ☐

Visa # _____Expiry Date: _____

Master Card # _____Expiry Date: _____

Signature: _____ Date:_____

Conference Name: _____

You will receive a confirmation by e-mailed and by mail along with your credit card receipt.

Thank you for choosing Victoria University for your accommodations.

By signing this application, you give consent to our collecting and using your above personal information for the sole purpose of arranging residence accommodation and services for you at Victoria University.