Control Number: _____

ATI DORMITORY RESERVATION FORM

(To be filled-up by the Requesting Party)

		DATE:	
NAME OF REC	QUESTING CLIENT/PROJECT OFF	ICER:	
AGENCY: ADDRESS:			
CONTACT TEL. NO.:		E-mail ADDRESS:	
PARTICULAR	S:		
)	Room/s Preferred:	Number of Room/s:	
5		Number of Day/s:	
		of Guest/s reserved) : Male: Female:	
,	Remarks:		
		(Printed Name & Signature of Client/Project Officer)	
RECOMMENDING APPROVAL:		APPROVED BY:	
ROLAINE RUZIELLE D. ODULIO		ARLENE GEMINIANA S. NILO	
Dormito	ory Manager	Authorized Representative	
	RATES AND	O TERMS & CONDITIONS	
the ATI preference for concancelle the rese for Guests strictly. 7. Guests corresp for corresp for Guests for Corresp for Guests for Guests for Corresp for After se for For Fequence for Form muther room for the room for the room for the room for the room for Form muther for for for Form muther for for Form muther for for Form muther for for for Form muther for for Form muther for for Form muther for for for Form muther for for Form muther for for for Form muther for for Form muther for for Form muther for for for for for for for for for fo	 the ATI Director accompanied by list of participants, number of participants indicating gender, purpose, duration of stay and room preference/s will be entertained. Discounts are discouraged except to PWD, Senior Citizens. Reservations shall be made at least one (1) month ahead of scheduled date and a down payment of 50% of the total cost is required for confirmation two weeks before the activity date, otherwise the reservation shall automatically be cancelled. If reservation is cancelled a week before the scheduled activity date only 50% of the down payment paid will be refunded. Requesting party should pay the reserved room even the guest did not arrive Guests shall register at the security guard stationed at the Main Entrance RDEC Building (Firearms and other deadly weapons are strictly not allowed and must be deposited to the guard for safe keeping) Guests shall fill-up the prescribed Registration Form at the RDEC Dormitory Managers Office. Guests shall pay on or before they check out directly to the ATI Cashier or Designated Collecting Officer, who shall issue the corresponding Official Receipt/s. After settlement of payment, Official Receipt/s should be given to the Dormitory Manager for proper documentation and room assignment, Check-in Checklist Form must be signed by the guest at the conforme portion; ID must be presented and deposited in exchange of the key. For requesting parties coming from GOs, NGOs, LGUs, SUCs, whose payment shall be settled thru check, prior payment arrangement shall be coordinated with the Dormitory Manager, to be approved by the Director or his/her designated Representative. 		
12. Equipm			
13. ATI sha thoroug	ATI shall not be held liable for any loss of personal belongings and other valuables inside the room/facilities. Guests are advised to thoroughly check their valuables and personal belongings before checking out.		
	, ,		
16. Damage	6. Damage property or stained linens/towels shall be settled by the guest/s before checking out.		
		00 pm. (Extension of stay will be charge at \$\infty\$50.00 per hour with the maximum of will be considered as one-night stay and will be charged automatically.	
CONFORME: (Printed Name &	Signature of Client/ Project Officer)		