

# Bromley Hall

AT THE UNIVERSITY OF ILLINOIS

Academic Year 2018-2019

## RETURNING RESIDENT ROOM AND BOARD CONTRACT ADDENDUM

### PART ONE. STUDENT INFORMATION (REQUIRED)

1. Last Name (PRINT)	First Name (PRINT)	M.I.

2. Cell Phone Number ( ) -	3. Current Room Number	4. Student's UIUC E-mail Address @illinois.edu
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### PART TWO. ROOM/ROOMMATE/SUITEMATE REQUESTS (OPTIONAL)

This information can be updated and submitted to our business office any time prior to June 15, 2018.

#### 5. Requested ROOM NUMBER

#### 6a. Requested ROOMMATE #1

#### 6b. Requested ROOMMATE #2

#### 7a. Requested SUITEMATE #1

#### 7b. Requested SUITEMATE #2

### PART THREE. ROOM & BOARD SELECTION (REQUIRED)

#### All Meals Served- SELECT ONE ✓

"All Meals" allows resident to enter the dining room one time for each meal.

	ROOM TYPE	TOTAL CONTRACT	4 INSTALLMENTS
<input type="checkbox"/>	Single	\$ 16,234.00	\$4,058.50
<input type="checkbox"/>	Double	\$ 13,200.00	\$3,300.00
<input type="checkbox"/>	Triple	\$ 11,560.00	\$2,890.00
<input type="checkbox"/>	Deluxe Double	\$ 15,557.00	\$3,889.25
<input type="checkbox"/>	Corner Deluxe Double	\$ 13,811.00	\$3,452.75
<input type="checkbox"/>	Quad	\$ 10,506.00	\$2,626.50

#### Any 2 Meals Per Day- SELECT ONE ✓

"Any 2 Meals Per Day" allows resident to enter the dining room twice a day.

	ROOM TYPE	TOTAL CONTRACT	4 INSTALLMENTS
<input type="checkbox"/>	Single	\$ 15,964.00	\$3,991.00
<input type="checkbox"/>	Double	\$ 12,930.00	\$3,232.50
<input type="checkbox"/>	Triple	\$ 11,290.00	\$2,822.50
<input type="checkbox"/>	Deluxe Double	\$ 15,287.00	\$3,821.75
<input type="checkbox"/>	Corner Deluxe Double	\$ 13,541.00	\$3,385.25
<input type="checkbox"/>	Quad	\$ 10,236.00	\$2,559.00

\*includes applicable sales taxes

I hereby acknowledge that I have received, read, understand, and agree to the terms and conditions contained in the Academic Year 2018-2019 "Bromley Hall Room and Board Agreement" and "Rules & Regulations for Bromley Hall Residents." I hereby authorize a signature submitted by me by fax or other electronic transmission to be as valid and binding as my original signature. As a returning resident I acknowledge that all information provided from previous year is correct unless noted. As a returning resident the \$50 application fee is waived.

I agree to pay the total amount due for my Room & Board accommodations in 4 equal installments, due on or before May 31, July 31, October 31, and December 31, 2018.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_