

Bromley Hall

AT THE UNIVERSITY OF ILLINOIS

Academic Year 2019-2020

RETURNING RESIDENT ROOM AND BOARD CONTRACT ADDENDUM

PART ONE. STUDENT INFORMATION (REQUIRED)

1. Last Name (PRINT)	First Name (PRINT)	M.I.
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

2. Cell Phone Number	3. Current Room Number	4. Student's UIUC E-mail Address
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text" value="@illinois.edu"/>

PART TWO. ROOM/ROOMMATE/SUITEMATE REQUESTS (OPTIONAL)

This information can be updated and submitted to our business office any time prior to June 15, 2019.

5. Requested ROOM NUMBER

6a. Requested ROOMMATE #1	6b. Requested ROOMMATE #2
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

7a. Requested SUITEMATE #1	7b. Requested SUITEMATE #2
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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.

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
Single	\$ 16,444.00	\$4,111.00
Double	\$ 13,368.00	\$3,342.00
Triple	\$ 11,700.00	\$2,925.00
Deluxe Double	\$ 15,760.00	\$3,940.00
Corner Deluxe Double	\$ 13,988.00	\$3,497.00
Quad	\$ 10,628.00	\$2,657.00

ROOM TYPE	TOTAL CONTRACT	4 INSTALLMENTS
Single	\$ 16,172.00	\$4,043.00
Double	\$ 13,096.00	\$3,274.00
Triple	\$ 11,428.00	\$2,857.00
Deluxe Double	\$ 15,488.00	\$3,872.00
Corner Deluxe Double	\$ 13,716.00	\$3,429.00
Quad	\$ 10,356.00	\$2,589.00

*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 2019-2020 "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, 2019.

Student's Signature: _____

Date: _____