

Bromley Hall

INFO@BROMLEYHALL.COM | P.217.384.6100 F.630-839-0586

SPRING ONLY 2019 ROOM AND BOARD ADDENDUM CONTRACT

PART ONE. STUDENT INFORMATION

1. Student Name (PRINT)**2. Gender (CHECK ONE)**

LAST	FIRST	M.I.	M	F
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3. Home Address

STREET	CITY	ST	ZIP CODE
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4. Mobile Phone Number**5. UIUC UIN****6. Birthdate**

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7. Home E-mail Address (NOT UIUC)**8. University E-mail Address**

@	@illinois.edu
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PART TWO. PARENT/ GUARDIAN INFORMATION

9. Parent/ Guardian Name (PRINT)

LAST	FIRST	M.I.
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10. Work/Mobile Number (EMERGENCY CONTACT)**11. Parent E-mail Address**

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PART THREE. ROOM & BOARD SELECTION – CHOOSE ONE ROOM TYPE FROM EITHER MEAL PLAN

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. Along with this Addendum, I am submitting a Three Hundred Fifty Dollar (\$350) payment; (\$300) to be used for the Security Deposit, and (\$50) is a non-refundable processing fee required by the Agreement for the following accommodations: **(ONLY CHECK ONE)**

All Meals Served- SELECT ONE ✓

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

ROOM TYPE	TOTAL CONTRACT
<input type="checkbox"/> Single	\$ 8,222.00
<input type="checkbox"/> Double	\$ 6,684.00
<input type="checkbox"/> Triple	\$ 5,850.00
<input type="checkbox"/> Deluxe Double	\$ 7,880.00
<input type="checkbox"/> Corner Deluxe Double	\$ 6,994.00
<input type="checkbox"/> Quad	\$ 5,314.00

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
<input type="checkbox"/> Single	\$ 8,086.00
<input type="checkbox"/> Double	\$ 6,548.00
<input type="checkbox"/> Triple	\$ 5,714.00
<input type="checkbox"/> Deluxe Double	\$ 7,744.00
<input type="checkbox"/> Corner Deluxe Double	\$ 6,858.00
<input type="checkbox"/> Quad	\$ 5,178.00

***Includes applicable sales taxes**

I agree to pay the total amount due for my Room and Board accommodations by **January 15th, 2019**. Other payment arrangements must be approved by the Bromley Hall accounting office. **I HAVE READ AND UNDERSTAND THE REFUND AND LIABILITY PROVISIONS CONTAINED IN THE AGREEMENT.**

Student's Signature: _____

Date: _____

GUARANTY FOR VALUE RECEIVED, and in consideration for, and as inducement to, the AGENT making the foregoing Agreement, the undersigned guarantees to the AGENT full payment and performance by the STUDENT of his or her obligations under the Agreement without requiring notice of non-payment, non-performance, or proof of notice or demand, all of which the undersigned expressly waives, and the undersigned expressly consents to any modifications of the Agreement, including but not limited to extensions of the term of the Agreement and adjustments to the room and board rates contained in the Agreement, and any extensions of time or indulgences granted by the AGENT to the STUDENT. I HAVE READ AND UNDERSTAND THE REFUND AND LIABILITY PROVISIONS CONTAINED IN THE AGREEMENT. I hereby authorize a signature submitted by me by facsimile or other electronic transmission to be as valid and binding as my original signature.

Signature of Parent or Legal Guardian: _____, **GUARANTOR**

PART FOUR. RESIDENTIAL INFORMATION (AS OF FALL SEMESTER 2018)

12. Circle year in college: FR SO JR SR GR **13. Circle previous Housing:** NEW TO CAMPUS On Campus Returning Resident Transfer

14. High School Name _____ **15. Estimated High School Graduating Class Size:** _____

16. Study Habits: Morning Afternoon Evening Late Night **17. Hobbies/Activities:** Sports Fitness Current Events Music (TYPE _____)

17. I enjoy going out regularly and socializing with fellow residents and peers. (CIRCLE ONE) YES NO

18a. Roommate #1 request: _____ **18b. Roommate #2 request:** _____

19a. Suitemate #1 request: _____ **19b. Suitemate #2 request:** _____

20. Alternate Room Type Preference: _____

PART FIVE. CREDIT CARD INFORMATION Please charge my \$350.00 Payment to my _____ VISA _____ MASTERCARD

Credit Card Number: _____ **Expiration Date:** _____ / _____ **Security Code:** _____

Cardholder's Address (if different from above): _____
STREET CITY STATE ZIP

Cardholder's Signature: _____

Date: _____