RESIDENCE HALL GUEST REGISTRATION FORM
St. Norbert College
Office of Residential Education and Housing

If a resident is having any non-SNC student visit, they must submit a Guest Contract at least 24 hours in advance and by 12pm on Friday for weekend visits. The Guest Request Form needs to be filled out and can be submitted to any REH staff member (Resident Assistant, Hall Director, or the REH Office).

GUEST POLICY
Residents may have non-SNC student guests under the following conditions:
1) Host acknowledges that they take full responsibility and liability for the guest, for informing their guest of all policies, and for any expense incurred by their guest
2) Host acknowledges that they have discussed the guest’s stay with any and all roommate(s) to confirm that they are comfortable with the guest staying
3) Host will accompany their guest while in the Residence Hall and Upper-Class Housing Areas
4) Guest will follow all College and Residence Hall policies and procedures
5) Guest may not stay longer than three (3) nights at a time
6) If either host or guest is found in violation of a policy, they are subject to revocation of visitation privileges and sanctions outlined in The Citizen

HOST INFORMATION
Current SNC resident who is hosting guest:

Name: ___________________________ I.D. #: ___________________________

Hall: ___________________________ Room: __________ Phone: _____________

I understand that I am responsible for the behavior of my guest(s) and must comply with the policies as stated above.

Host Signature: ___________________________ Date: ______________

GUEST INFORMATION
Guest Name: ___________________________ Birthdate: ______________

Guest Home Address/Phone:

<table>
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<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone Number</th>
</tr>
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Arrival Date: _____/_____/____ Time: _____:____ a.m./p.m.

Departure Date: _____/_____/____ Time: _____:____ a.m./p.m.

Vehicle Information (if applicable):

Make: __________________ Model: __________________ Color: __________ Year: ________

License Plate Number: ___________________________ State: __________________

I understand and agree to comply with the policies concerning quiet hours, visitation, alcohol, drugs, and general conduct subscribed to by the residents of the hall in which I am staying. I further agree to be billed (c/o my parents at my home address or my host) and to provide restitution for any damages caused to school property for which I am responsible.

Staff Member Signature: ___________________________ Date: ______________