

**Request to Stay on Campus Outside Semester Dates**

Student Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Room No: \_\_\_\_\_

**IMPORTANT**

**Students with outstanding debts to the College will be required to meet with the Business Manager to discuss their financial situation.**

**Rate of accommodation: - \$35.00 per night**

**I request permission to stay on campus:**

From: \_\_\_\_\_ to \_\_\_\_\_

Total no of nights: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_

Total no of nights: \_\_\_\_\_

I will pay the **total amount** of \$ \_\_\_\_\_ now.

**Payment Method**

Cash/Cheque/EFTPOS/Other – please specify \_\_\_\_\_

Credit Card - VISA / Mastercard

Card Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_

Card Holder Name: \_\_\_\_\_

Direct Debit

BSB: 062-784  
 Account: 2790 5201  
 Account Name: Campion Institute Ltd  
 Reference: Your name

**Signature of Student:** \_\_\_\_\_

**Date** \_\_\_\_\_

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