



Continuum Corporate Stay – Informational Form

General Information

Name: _____
Guests: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Country: _____
Telephone: _____ Email: _____
Gender: Male _____ Female _____

Program Information

Purpose of Visit: _____
College: _____
Program Name: _____
Contact Name: _____
Telephone: _____ Check-In Date & Time: _____ Check-Out Time & Date: _____

Emergency Contact Information

Notify/Relationship: _____
Address: _____
City/State/Zip: _____
Telephone/Email: _____

What do you like most about the University of Florida?

What do you look for in a rental apartment?

I, _____ understand that I am personally responsible and liable for any damage and/or missing items in relation to the assigned unit that I will be staying in. I also understand that The Continuum requires a major credit card and a driver's license to have on file for my stay. I also understand that the accommodations consist of either a 2-bedroom or 4-bedroom style unit and, unless otherwise confirmed, I may be required to share the common areas of the unit.

Attendee's Printed Name

Date

Attendee's Signature

Date