



HOTEL BU

270 18th Street
Brandon, MB R7A 6A9
Phone (204) 727-7394 or (204) 571-7852 • Fax (204-727-4713
Email: stay@brandonu.ca

HOTEL ROOM RESERVATION FORM

Room Reservation Request

BU Student ACC Student

Title: Dr/Prof Mr Mrs Ms

Student Number: _____

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Cell: _____

Email: _____

Arrival Date: _____ Departure Date: _____

(Check-in Time: 3:00pm • Check-out Time: 12:00pm)

Room Type & Rate

MCMASTER HALL ROOM & RATE OPTIONS

\$10.00 complimentary food voucher included in every night booked.

Twin Bed Room with Shared Washroom	<input type="checkbox"/> Nightly (1-9 days)	\$51.50/night
	<input type="checkbox"/> 10+ days (10-28 days)	\$45.28/night
	<input type="checkbox"/> 28+ days (28 days and up)	\$39.05/night (tax exempt)
Twin Bed Room with Private Washroom	<input type="checkbox"/> Nightly (1-9 days)	\$56.50/night
	<input type="checkbox"/> 10+ days (10-28 days)	\$49.53/night
	<input type="checkbox"/> 28+ days (28 days and up)	\$42.55/night (tax exempt)
Queen Bed Room with Private Washroom	<input type="checkbox"/> Nightly (1-9 days)	\$62.00/night
	<input type="checkbox"/> 10+ days (10-28 days)	\$54.20/night
	<input type="checkbox"/> 28+ days (28 days and up)	\$46.40/night (tax exempt)

*Stays less than 28 days are subject to PST, GST and City of Brandon Accommodation tax.

Terms & Conditions

I have read, I understand and I agree to abide by the rules, regulations and provisions of the Terms and Conditions of Occupancy for Hotel BU guests, including COVID 19, self isolation and quarantine protocols (<https://www.brandonu.ca/ancillary/files/2020/09/hotel-bu-terms.pdf>)

I understand that Hotel BU guests will be subject to COVID 19 screening questions prior to and upon arrival and may be denied access if risks are identified.

Signature: _____

Date: _____

To Confirm Reservation, Credit Card Information is Required

Mastercard VISA American Express

Card Number: _____ CVV No _____

Expiry Date: _____

Card holder's name on the credit card: _____

I authorize cancellation fees, lost/unreturned keys or fobs, unreturned meal cards or room damages to be charged to this card.

Cardholder's Signature: _____ Date: _____

Important Note: Providing credit card information via email or fax may not be secure. Should you prefer an alternative, please call 204-727-7394 or 204-571-7852 and provide the information over the phone. Credit card information is held in place of a deposit and is destroyed after the guests departure.

Payment Information: Payment will be due upon check in. Credit cards are accepted on stays of less than 10 days.

Acceptable Methods of Payment:

Stays of Less Than 10 Days

Visa, Mastercard, American Express,
Cash, Cheque or Debit.

Stays of 10 Days or More

Cash, Cheque or Debit.

CREDIT CARDS ARE NOT ACCEPTED



HOTEL BU

COVID 19—Screening for Hotel BU Guests

COVID-19 SCREENING QUESTIONS MUST BE ANSWERED AT TIME OF BOOKING AND AT TIME OF ARRIVAL.

SHOULD YOU BE ENTERING FROM AN AREA THAT REQUIRES A 14 DAY QUARANTINE, BE EXPERIENCING SYMPTOMS OF COVID-19 OR ARE CONSIDERED A CLOSE CONTACT TO A POSITIVE CASE, YOU WILL NOT BE GRANTED ACCESS TO HOTEL BU AND WILL NOT BE CHARGED.

Refer to website for Public Health order details surrounding current COVID 19 restrictions in the Province of Manitoba
<https://www.gov.mb.ca/covid19/protection/soe.html>

Please answer the questions below:

1. Where will you be travelling from when coming to Hotel BU?

- Within Manitoba
- Outside Manitoba

2. Have/will you have been outside the province of Manitoba 2 weeks (14 Days) prior to your arrival date?

- Yes
- No

If yes, Do you have two doses of a Health Canada approved vaccine for COVID-19? 2nd dose must have been completed 14 days prior to arrival. *Proof will be required at the time of check-in.*

- Yes
- No

3. Are you experiencing symptoms of COVID-19 on booking date or on date of arrival (fever, cough, fatigue, sore throat, runny nose, vomiting, diarrhea)

- Yes
- No

4. As of booking date and/or on arrival date, are you considered a close contact of a known positive case of COVID-19?

- Yes
- No

Guest Signature

Booking Date

Guest Signature

Arrival Date



**BRANDON
UNIVERSITY**