

SUMMER HOUSING NON-MEMBERS REPORT

(To be completed if non-members are living in the house and filed by May 25)

FRATERNITY NAME _____ DATE _____

HOUSE MANAGER'S NAME _____ PHONE _____

I. COMPLETE THIS SECTION IF HOUSING WOMEN:

A. Total # of spaces for women: _____ (Single ____ Double ____)

B. Indicate location of women's rooms in building (which floor(s)):

C. Indicate location of women's bathroom(s) in relation to women's rooms:

II. COMPLETE THIS SECTION IF HOUSING MEN:

A. Total # of spaces for men: _____ (Single ____ Double ____)

B. Indicate location of men's room (which floor(s)):

C. Indicate location of men's bathroom(s) in relation to men's rooms:

SPECIAL NOTE: Men and women must be housed on separate floors. Bathrooms for each section must be provided in close proximity to their respective rooms and clearly marked. **Bathrooms are not to be shared by women and men.**

III. SUMMARY:

Number of rooms for rent: _____

Number of rooms available as of: _____

Charges for: Single \$ _____ Charges for: Double \$ _____

House Manager's Signature Date

Chapter President's Signature Date