

# Overnight Guest Registration

## Guest Information:

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Arrival Date: \_\_\_\_\_  
Departure Date: \_\_\_\_\_

## Emergency Contact Information:

Name: \_\_\_\_\_  
Relationship to Guest: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

## Vehicle Information:

Make: \_\_\_\_\_  
Color: \_\_\_\_\_

Model: \_\_\_\_\_  
License Plate: \_\_\_\_\_

## Host Information

Residents are responsible for making their guests adhere to, and be aware of, the terms and conditions contained in this Housing Contract governing the MCC Apartments. All guests must be with their host at all times. Residents shall be financially responsible for any damage done by their guests to the MCC Apartments and may be subject to disciplinary actions. Guests who plan to stay overnight must register with the MCC Apartments Residential Life Coordinator at least 24 hours in advance. The roommates of the resident must be notified of the overnight guests and sign the Guest Registration form. Guest Registration forms are located at [www.eicc.edu/mcchousing](http://www.eicc.edu/mcchousing).

Residents may have overnight guests visit a maximum of twice per academic semester for the duration of up to two consecutive days/nights per visit and only one guest at a time. All overnight guests must be 18 years of age or older. No guests under the age of 18 may be in Nyweide-Scott Apartments between the hours of 10 p.m. and 8 a.m. NO exceptions.

Resident Name: \_\_\_\_\_  
Room Number: \_\_\_\_\_

Resident Signature: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

## Roommate Permission:

It is highly recommended that you talk with your roommate(s) before having an overnight guest. Please complete this section to verify that you have consulted with your roommate(s) regarding overnight guests.

I understand that my roommate will be having a guest(s) staying in our room as noted on that arrival and departure dates listed above. I have been notified, in advance, of this overnight guest visitation and give my consent for the guest to staying our room. Should any concerns arise, I will contact the Residential Life Coordinator immediately.

**Roommate Name (please print)**

**Roommate Signatures**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_