

Davidson College Patterson Court Office New Member Overnight Request Form

Organization

Date of request

Contact person

Contact phone number

Overnight location

Contact number at overnight location

We respectfully request permission for the attached list of individuals to stay overnight at _____ *location* on _____ *date(s) requested*. All reasonable efforts will be made to ensure comfortable sleeping arrangements for each individual that will not compromise the following:

- ❖ no overnight activities Sunday through Thursday
- ❖ no activities between the hours of Midnight and 8:00 a.m.
- ❖ personal safety
- ❖ safety of the house/suite/location
- ❖ Physical Plant work schedule
- ❖ relationship with residents/neighbors/community

These individuals will be out of the house/suite/location no later than _____ *time* on _____ *date*.

Signature of Organization New Member Educator

Signature of Organization President

Signature of Campus Advisor

Office use only

Approved

Restrictions: _____

Not Approved

Comments: _____

Notifications

AOC _____

Campus Police _____

Physical Plant _____

Organization _____