

## Residence Hall Contract 2009-2010

**Instructions:** By signing this contract, I acknowledge that I have read, understand, and agree to all TERMS AND CONDITIONS of this contract. Completion of this contract does not guarantee availability of a residence hall space. There is a **NO SMOKING** Policy in the halls and within 25 feet of any entrances.

Residence Hall Assignment: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

*To be assigned by Residence Hall Staff ONLY.*

**1 Personal Information – PLEASE PRINT CLEARLY**

Gender	Student ID or SSN:	
Last or Family Name, First Name, Middle Initial		
(Area Code) Home Phone:		(Area Code) Cell Phone:
Permanent Mailing Address:		
City	State/Province	- Postal Code
Birth date: mo/day/year	* SPORT: Please print	Email Address:

*\*SPORT – This means that you have been recruited by a LCSC Coach and they have asked you to reply –If you plan to WALK ON, please note in the box*

**2 Entering Term**

Fall 2009   
  Spring 2010   
  Intensive English (IIE)   
  Fall 1   
  Fall 2   
  Spring 1   
  Spring 2  
(IIE Students – Please check the session you are entering)

**3 Disability Related Needs**

If you have a disability related need, please contact the Office of Residence Life via email at [reslife@lcsc.edu](mailto:reslife@lcsc.edu) or phone (208) 792-2053, so we can place you in an appropriate room.

**4 Roommate Request (Optional)**

If you would like to request a specific roommate/suitemate, please print their name below. Your requested roommate/suitemate will need to list you on their application too before we can place you together.

First Name, Middle Initial and Last or FAMILY Name

**5 Choice of Hall – Please rank 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice**

- \_\_\_ Clark Hall ONLY – LCSC Athletes ONLY (If you have been contacted and recruited by a coach) shared rooms only
- \_\_\_ Clearwater Hall – single rooms surrounded by furnished living space/kitchenette
- \_\_\_ College Place – single rooms surrounded by unfurnished living space/kitchenette

**6 Personal Hours**

- Early to bed, early to rise
- Flexible
- Night Owl, but realize **QUIET HOURS** begin at 10 pm in the halls

**7 Sound Levels**

- Noisy – I like to have music or the television on all of the time
- Flexible – I respect others needing quiet time
- Quiet – I’m low key and have a need for quiet time to study or sleep

**8 Social Life**

- Outgoing – I enjoy people dropping by all the time
- Sociable – I invite friends over regularly, but need specified time for studying
- Quiet & Reserved – My room is my sanctuary and I need privacy most of the time

**9 Cleanliness Issues**

- Neat – I like my space to be tidy most of the time
- Casual – I can have some clutter, but prefer it clean
- Messy – I’m not into cleaning or picking up

**10 Smoking Tobacco**

- Yes, I smoke – I realize that I must use the outdoor smoking stations
- No, I do not smoke & I do object to smoking
- No, I do not smoke but don’t care if my friends do

**Intended Field of Study**

**Meal Plan Options – Please see the Residence Life website at: <http://www.lcsc.edu/reslife> for information on current meal plans and enter your selection below:**

**By signing below, I acknowledge that I have read, understand, and agree to the TERMS & CONDITIONS of this contract.**

Student Signature

Parent/Guardian Signature (if student under 18 yrs of age)

**Please mail this signed and completed contract with the \$200 room deposit**  
*(If paying by credit card, please remit to Controller's Office. The refund amount will be \$200)*  
**to: CONTROLLER'S OFFICE--LEWIS-CLARK STATE COLLEGE--500 8<sup>TH</sup> AVENUE**  
**LEWISTON, ID 83501**

*For Cashier's Office Use Only:*

Deposit \$
GR#
Date

*For Residence Life Office Use Only:*