HOUSING DONATION FORM 2022

This Housing Donation Form is a request for Housing.

Housing is on a first-come first-serve basis & contingent on availability. Housing is not guaranteed.

Housing rules:

Every Day
● Make your bed, please do not sleep on bare mattress – or you just bought a mattress
● Feel free to eat any unmarked food in the fridge or pantry
● No partying upstairs – that is what 2 South Street is for
● Please have all clothing in closets or bags and closets closed
● Please make your bed each morning
● Please wash your dishes or at least rinse and load into dishwasher
  o Use proper dishwasher soap for dishwasher – pods -not liquid
  o Last one out please start and run dishwasher
  o First one back –please unload dishwasher

When you leave:
● Top and Bottom Sheet off and into pillowcase (1 of each) bring down to office
● Blankets folded and placed with the pillow on the bed.
● Clean up the kitchen, remove or assign all perishable food
● All garbage picked up and thrown away.
● Vacuum the room even if you don’t think you need to.
● No extraordinary mess left in the kitchen or bathrooms.

There will be a deduction from your damage deposit if these instructions are not followed.

Guests Info For REQUESTED NIGHTS:

<table>
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<tr>
<th>Guest #</th>
<th>Name</th>
<th>Cell Phone</th>
<th>Email</th>
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Donation Suggestions:
Non Supporter $50 first night / $35 each subsequent night
Supporters $35 first night / $25 each subsequent night
For Teams $300 for up to 6 team members- participating in Oakcliff Sailing hosted regattas.*

*This team rate applies to the team sailors only. Significant others, friends, and family will be at the above rates.

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<tr>
<th>Start Date:</th>
<th>Gender M/F</th>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
<th>Total Nights</th>
<th>First Night $</th>
<th>Add’l Night $</th>
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CREDIT CARD AUTHORIZATION

Please remit your request to regatta@oakcliffsailing.org
You will receive a confirmation email once Housing has been approved.

Please charge the following credit card:

Name: _________________________________________________________________

Name on Credit Card: ___________________________________________ ______

Email: ______________________________________________________________

[ ] Visa  [ ] MasterCard  [ ] American Express

Credit Card Type: _____________________________________________

Credit Card Number __________________________ Billing Zip Code __________________

Expiration Date: ___________________________  CID: ______  AmEx (is 4 digits)

Card Trans  [ ] Sale  [ ] Deposit (Hold)  [ ] Refund

Amount: $ _____________________________

Special Notes (Payment plan, different date to charge etc.):
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Reason/Persen or Event for the Charge (please print):
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
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CREDIT CARD AUTHORIZATION REQUESTED BY: ___________________________