

My PASA, Su Casa



GUEST APPLICATION

Please print clearly. Your host home will receive a copy of this form.

Contact Person's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Numbers

Home: _____

Cell: _____

E-mail: _____

Number in your group:

Names:	Ages:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Reason for stay (i.e. Brown commencement):

Number of beds preferred: _____ Number of bathrooms preferred: _____

Number of cars/parking spaces needed: _____

Does anyone in your party have pet allergies? ____ Yes ____ No

Will you require a pet-free home? ____ Yes ____ No

Would you be willing to stay in a home where the owners smoke? ____ Yes ____ No

Regardless of whether or not the owners smoke in their homes, guests are NOT permitted to smoke inside the rental home.

Nights Requested: ____ Friday ____ Saturday ____ Sunday
(2-night minimum required to participate in program)

Arrival Date: _____ Approximate Time: _____

Departure Date: _____ Approximate Time: _____

Special Requests or Comments:

Return completed form to:
The Providence After School Alliance
Attn: Monique Cote
Fax: 401-228-3915
E-mail: mcote@mypasa.org