

**OVERNIGHT GUEST REGISTRATION FORM
NCC ON CAMPUS HOUSING**

Date:

Name:

Room #:

The following person(s) will be staying in my room from:

(dates) to

Guest Name and Address:

Emergency Contact for Guest

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Approved by:

Roommate: Date:

Roommate: Date:

Roommate: Date:

Approved by
Resident Assistant _____ Date _____

Complete this form and return to the resident assistant before 5:00 p.m. the day the guest will be staying.

All roommates must sign the form.