

- COLLEGE ACTIVITIES INVOLVED IN:**
- Football
  - Basketball
  - Baseball
  - Women's Volleyball
  - Women's Basketball
  - Women's Softball

\_\_\_\_\_  
*parent's signature*

\_\_\_\_\_  
*address if different than student's*

\_\_\_\_\_  
*name of parent or guardian*

\_\_\_\_\_  
*date*

\_\_\_\_\_  
*student's signature*

*For students under age 18*

Have you ever been evicted? Y N Explain: \_\_\_\_\_  
*the age of 18 constitutes approval.*

*I have received, read, and agreed to the Housing Contract Application which accompanies this Contract Acceptance Form. I further agree to payment of the contract rates as they have been announced or as they may be adjusted. I understand that when this Contract Acceptance form is signed and returned to MRCTC with the \$300 housing prepayment, it becomes a binding contract between MRCTC and me. Parent or guardian's signature below for students under the age of 18 constitutes approval.*

**HOUSING CONTRACT**

Please indicate any accommodations you may need due to health concerns or physical disabilities:

I am an international student from \_\_\_\_\_ (country).

I'd be willing to learn more about sharing a bedroom at a reduced rate.

(Note: We attempt to match preferences, but requests cannot be guaranteed.)

\_\_\_\_\_  
 Name (must be mutual – submit contracts together)

Roommate Requests:

Please complete and return this contract with a \$300 damage deposit.

Complete both sides of this card in ink.

**Contract Acceptance Form**

Mesabi Range Community and Technical College – Alpine Village

**2009-2010 Academic Year**

- Fall
- Spring
- Summer

<b>FOR OFFICE USE ONLY</b>
Rec'd _____
Contract # _____
Check # _____

**Complete – do not detach**  
**PLEASE PRINT**

\_\_\_\_\_  
**NAME** (last) (first) (middle initial)

\_\_\_\_\_  
 Permanent Address (street)

\_\_\_\_\_  
 (city) (state) (zip)

**NOTE:** Please leave this area blank

Check # \_\_\_\_\_ Contract # \_\_\_\_\_

\_\_\_\_\_  
 Social Security Number

**CASHIER CARD**

\_\_\_\_\_  
**PRINT NAME** (last) (first) (middle)

\_\_\_\_\_  
 Permanent Address (street) (city) (state) (zip)

\_\_\_\_\_  
 Social Security Number Telephone Sex Age Birthdate

Student Status: \_\_\_\_\_ New entering \_\_\_\_\_ Returning

**In case of emergency, parent or guardian telephone number: Home \_\_\_\_\_ Work \_\_\_\_\_**

**Send this form and a \$300 check payable to MRCTC to the Enrollment Services Office (put SS# on check).**