



Angel House

Registration & Agreement Form

Adults Only/Non-Smoking Facility

For Office Use Only

Room No. _____

No. of Adults _____

Dates From _____

To _____

Return Date (?) _____

- Call us at 713-440-3413 for reservations

or

- Complete the form:

To send by Fax: 713-748-8305

To send by Email: kperry@stdominicvillage.org

Name _____

Responsible Party

Home Phone _____

Address _____

Cell Phone _____

City _____ ST _____ ZIP _____

Other Phone _____

Email Address _____

Pager # _____

IDENTIFICATION: (Please provide your picture ID such as driver's license, passport for photocopying)

Copies made and place in file: Date completed _____ by _____

Daily Room Rate is _____ per night

No. of Adults _____ Names (1) _____ Name (2) _____

Limit 2 per Room

Occupant Name

Patient Name (if different)

Arrival Date _____ Departure Date _____

Day

Date

Day

Date

Car _____ Car License Plates _____ (free parking)

Yr.

Make

Model

Plate No.

State

Your address while here at St. Dominic Village is :

2401 E. Holcombe Blvd., Rm # _____

Houston, TX 77021.

Please follow up with us if you have not been contacted within 48 hours of sending in the application.

Reservations are based on availability and will be confirmed via e-mail or fax. Without that confirmation, there is no guarantee of a room.

Angel House

Policies, Rules, and Practices

1. The daily rental rate for this furnished room is currently \$ _____. Payment is due weekly (*see below*).
2. You are responsible for washing your linens while you are renting the room. If you are using the laundry, please be sure you are through by 9:00 p.m. in consideration of those trying to rest.
3. The common telephone in the front office is available to you for local calls only. Please use a long distance calling card for long distance calls. Please limit your calls to 10-15 minutes. Dial 9 for an outside line.
4. There is a "NO SMOKING" policy in place at St. Dominic Village. Please do not allow smoking by guests, friends or relatives in the room or in close proximity to any building.
5. NO PETS are allowed in the rooms, including visitors' pets.
6. By signing this contract, it is understood that you are renting this room for a patient and/or family member of a patient actively receiving treatment at the Texas Medical Center. This room shall be vacated whenever the patient no longer has weekly appointments with the doctor and/or is discharged.
7. This room may be occupied by two persons. This room may not be rented out by the tenant nor occupied by an individual not directly involved with the care of the patient.
8. St. Dominic Village has a right to enter the room to respond to your request, make repairs and replacements, leave notices and to confirm residency.
9. You agree to indemnify, hold harmless and defend St. Dominic Village and its representative, employees, officers and directors from any and all losses, costs, expenses and damages including attorney's fees and court costs, incurred as a result of any personal injury, property loss, or damage caused by, or arising from, your occupancy of the room. You agree that this agreement may not be assigned, and you agree you cannot sublease this room.
10. You agree to abide by the St. Dominic Village House Rules, hereby made a part of this agreement, these rules in the Welcome Booklet in your room.
11. This room is rented, furnished and maintained by St. Dominic Village solely for the convenience of individuals who need special housing assistance during their treatment. We ask that you give the room and furnishings the same good care that you would your own home. We have furnished this room so that you may indeed feel that it is your "home away from home" and hope you will enjoy it as such. Please know we pray for each of you and your family as you walk this journey.

Your future rental payments will be due weekly and your payment must be received on or before the due date.

Due Date

Payment Amount

_____	_____
_____	_____
_____	_____

Please make checks out to: **St. Dominic Village**

We also accept:

MasterCard, Visa, Discover, and American Express

This document confirms the agreement between St. Dominic Village and _____ and

Responsible Party Name

this agreement is accepted on this _____ day of _____ 20_____ .

BY:

BY:

Tenant and/or Responsible Party

St. Dominic Village

Phone Number

Phone Number