

The Official Midpoint of the STP SEMI-PRIVATE HOUSING REGISTRATION

600 Centralia College Blvd Centralia, WA 98531-4099 Phone (360)-736-9391 Fax (360)-330-7107

Phone (360) 623-8445

NAME:					
STREET ADDRESS:					
CITY, STATE, ZIP:					
PHONE:					
EMAIL ADDRESS:					
PLEASE GIVE A DESCRI	PTION OF YOUR ENTIRE PARTY:				
# OF GUEST	ROOM TYPE (6, 8, 10, OR 12 PERSON CAPACITY)		UNIT PRICE	TOTAL	
		NUMBER OF STP F	l l		
		TOTALAN	100111		
Credit card type	VISA MASTERCARD				
Credit card number		3 Digi	t CVC Code		
Expiration date		•			
Authorized signature					
 DO NOT MAIL FORM TO Cascade. THANKS! No reservations accepted after July 3rd and 		OFFICE USE C	OFFICE USE ONLY		
NO REFUND or	n cancellations				
3. Make checks pa Centralia Colleg					
4. Please mail rese	ervations to:				
Centralia College Attn: Staci Jacobson		Authorized b	y:	Date:	
600 Centralia C					
Centralia, WA 9	98531-4099	L			