



Reservation Information

Please fill out the form with all your information in order to send you all your booking documents needed for your reservation.

DATE

 / /

PERSONAL INFORMATION

First Name :	<input type="text"/>		
Last name :	<input type="text"/>	Place Of Birth :	<input type="text"/>
Date of Birth :	<input type="text"/> / <input type="text"/> / <input type="text"/>	Nationality :	<input type="text"/>
Email :	<input type="text"/>	Domicile :	<input type="text"/>
Gender :	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="text"/>
Status	<input type="checkbox"/> Student <input type="checkbox"/> Working Professional	Guarantor :	<input type="text"/>
School year	<input type="text"/>	Post Code :	<input type="text"/>
Company name / School name	<input type="text"/>	Phone :	<input type="text"/>

BOOKING INFORMATION

Type of occupancy

Shared Room with double Bed	<input type="checkbox"/>	Single Room with a King bed	<input type="checkbox"/>
Single Room with a double Bed	<input type="checkbox"/>		<input type="checkbox"/>

Arrival date :

Departure date :

ADDRESS EVO STUDENT RESIDENCES

A : 777, Rue Robert-Bourassa, Montréal Qc H3C 3Z7

P : (514) 395-8558
EXT 203

E : saoussan.houali@evoresidences.com

Client Signature

THANK YOU

Thank you for providing us with your information. We will get back to you with all the necessary documents in order to book your stay at EVO.