



NELSON COLLEGE

Hostel Hire Application

Name of Group:

Name of Organiser:

Organiser's Address:

Phone:
 Home:
 Work:
 Cell:
 Email:

Date(s) of Booking:

Date of Arrival:
 Date of Departure:

Time of Arrival:
 Time of Departure:

Meals: (please indicate numbers per meal per day)

Date	Day	Breakfast	Meal Time	Packed Lunch	Dinner	Meal Time
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
	Sunday					

No of special diets: Type of Special Diet:
 (Please discuss your requirements and meal times with Sharon Dawson upon confirmation).

Accommodation Required for Whole Group (please fill in numbers):

Adults: No. of Females: No. of Males: **Total Adults:**
 Children: No. of Girls: No. of Boys: **Total Children:**

Please specify if single rooms are required (subject to availability): Number of Single Rooms:

Signed: (Organiser) Date:

Please return this form to Sharon Dawson, Nelson College, Private Bag 16, Nelson, 7042 or email to: sd@nelsoncollege.school.nz Fax: 03 5463267