

Accommodation Request Form

Student Details

Title	Name	Surname	DoB	Nationality

Accommodation Details

(Please tick the appropriate box)

Type of Accommodation

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Half-Board | <input type="checkbox"/> Single |
| <input type="checkbox"/> Bed & Breakfast | <input type="checkbox"/> Double |
| <input type="checkbox"/> Self Catering | <input type="checkbox"/> Twin |

Dates

Starting on _____ Finishing on _____ Duration _____

The following questions will help us find the most suitable accommodation for you.
However, we cannot guarantee that we can always find accommodation
with/without children or animals.

Do you smoke? Yes/No

Do you like animals in the house? _____ Yes/No

Do you like children? Yes/No

Is there any food you cannot eat?

Yes/No e.g. _____

Arrival Details

Arrival date _____ Arrival time _____

Airport _____ Flight number _____

Arrival time at accommodation _____

Do you require airport pick-up? Yes/No

For official use only

Family Details

Name _____

Address _____

Telephone N. _____

Payment Details

Finding Fee _____

Airport Pick-up _____

Accommodation Fee _____

Total Fees _____ Paid on _____

Cheques

Date	Cheque Number	Amount	Dates Paid

Correspondence

Details for student _____

Details for family _____

Airport pick-up _____