



UNIVERSITY SPORT SOUTH AFRICA NUSA ACCOMMODATION BOOKING AUTHORISATION FORM

NUSA Sporting Code: _____
 NUSA Chairperson: _____
 Person authorizing the booking: _____
 Position in USSA/NUSA: _____
 Date(s) of the accommodation booking: _____
 Reason(s) for the accommodation booking: _____

DETAILS OF ACCOMMODATION BOOKING

1. Accommodation Requirements 1.1 City of accommodation 1.2 Preferred area/region 1.3 Preferred accommodation venue	1) _____		
	2) _____		
	3) _____		
2. Collection and return particulars 2.1 Date of check-in 2.2 Time of check-in 2.3 Date of check-out 2.4 Time of check-out	_____ / _____ / 202_		
	_____ H		
	_____ / _____ / 202_		
	_____ H		
3. Guest Particulars 3.1 Guest 1 3.2 Guest 2 3.3 Guest 3 3.4 Guest 4 3.5 Guest 5	Name & surname	ID Number	Contact Number
	1)		
	2)		
	3)		
	4)		
	5)		
4. Guest Preferences 4.1 Allergies 4.2 Meal preferences 4.3 Meal requirements 4.4 Other necessary requirements	1) _____		
	2) _____		
	3) B&B	DB&B	Full Board
	Breakfast	Lunch	Dinner
4) _____			

NOTE: in the event that the above-mentioned guest/s fail/s to occupy (for whatever reason) the specific accommodation booked, that/those individual/s will be required to settle the cancellation fee in full. The expense will neither be incurred by USSA, nor the relevant NUSA. The signing of this document acknowledges acceptance of the afore-mentioned. **USSA NEC**

Accommodation booking authorized by:

 NUSA SECRETARY DATE NUSA CHAIRPERSON / TREASURER