



UNIVERSITY SPORT SOUTH AFRICA NUSA ACCOMMODATION BOOKING AUTHORISATION FORM 2012

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	_____ / _____ / 2012 _____ H _____ / _____ / 2012 _____ H																		
3. Guest Particulars 3.1 Guest 1 3.2 Guest 2 3.3 Guest 3 3.4 Guest 4 3.5 Guest 5	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Name & surname</th> <th style="width: 20%;">ID Number</th> <th style="width: 20%;">Contact Number</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1)</td><td></td><td></td></tr> <tr><td style="text-align: center;">2)</td><td></td><td></td></tr> <tr><td style="text-align: center;">3)</td><td></td><td></td></tr> <tr><td style="text-align: center;">4)</td><td></td><td></td></tr> <tr><td style="text-align: center;">5)</td><td></td><td></td></tr> </tbody> </table>	Name & surname	ID Number	Contact Number	1)			2)			3)			4)			5)		
Name & surname	ID Number	Contact Number																	
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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 <input type="checkbox"/> DB&B <input type="checkbox"/> Full Board <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> 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 2012.**

Accommodation booking authorized by:

NUSA SECRETARY

DATE

NUSA CHAIRPERSON / TREASURER