

Accomodation agreement for minors

Staying Y M D. Staying for () nights. According to this agreement, the guardian of the underaged staying guest approve this activity.

[Name of staying guest (Under age)]

| NAME | Mr. / Ms. | | | |
|-----------|-----------|---|---|-----------|
| BIRTH DAY | | Y | М | D |
| AGE | | | | Years old |

[Name of staying guest (Parents)]

| NAME | Mr. / Ms. |
|------------------------|-----------|
| MOBILE PHONE NUMBER | + |
| COUNTRY | |
| E-MAIL | |
| RELATION | |

*If the guest using our accommodation is underaged(16-18 yold) a document from the guest parents needed when staying by the guest themselves or staying with other underaged companies.

*Personal information that you filled in this form. We will not share to the third party.

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