

2016 BP Surf Rescue South Island Championships

Accommodation Report Form

This form is to be completed by the Team Manager **and** the Proprietor/ Manager/ Owner of the team's accommodation **before the team departs from their accommodation.**

The completion of this form is to enable the Surf Life Saving movement to protect its good reputation and maintain a standard acceptable to the accommodation industry. This report is aimed at monitoring our movement's behaviour whilst travelling and will act as a reference for teams and the accommodation industry alike, when future bookings are made.

Name of Club: _____

Team Manager: _____ Assistant Manager: _____

Accommodation at: _____ Total Persons: _____

(NOTE: Please fill in one form for each location the team has accommodated.)

Date Arrived: ___/11/2014 Date Departed: ___/11/2014

PROPRIETOR / MANAGER / OWNER'S COMMENTS:

SIGNED: _____ (Proprietor) _____ (Motel/Hotel)

SIGNED: _____ (Team Manager)

This form is to be returned to SLSNZ by 24th March 2016, and should be emailed to:

Gibbo118@xtra.co.nz