



BP Surf Rescue NZ 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: ___/___/2016 Date Departed: ___/___/2016

PROPRIETOR / MANAGER / OWNER'S COMMENTS:

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

SIGNED: _____ (Team Manager)

This form is to be returned to SLSNZ by 15th April 2016, and should be sent to:

Event Manager, Surf Life Saving New Zealand
PO Box 4667, Mount Maunganui, 3149
Or scan and email to IRBevents@surflifesaving.org.nz