

2018 SLSNZ Pool Rescue 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: ___/___/___ Date Departed: ___/___/___

PROPRIETOR / MANAGER / OWNER'S COMMENTS:

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

SIGNED: _____ (Team Manager)

This form is to be returned to SLSNZ within two weeks of the event being held, and should be emailed to:

ross.merrett@surflifesaving.org.nz