

iain's bach break

Booking Form



Fill out this form and send to us to apply to stay at Iains Bach Break.

Guest/family info

Full name *: _____

Contact number 1 (for admin purposes): _____

Contact number 2: _____

Address: _____

Nominated by info

Organization Eg: Taranaki Hospice Cancer Society Other: _____

Contact number: _____ Contact E-Mail: _____

Contact person from this organisation.

Family circumstances - 200 words or less *: _____

Intended number of group *: _____

Preferred start date (within the next 3 months) *: _____ Intended number of nights (maximum of 6 nights) *: _____

The applicant &/or family representative are also asked to accept responsibility for the house during their stay and to abide by the rules and expectations of the Iainsbachbreak Trust. Please ensure that you read through the Guidelines and Expectations' that form part of the application, before signing and applying for a stay

Official Information Act 1982 & Privacy Act 1993: The information given on this form is confidential to the Iainsbachbreak Trustees, together with respective administration personnel. It will not be made available to any other persons or groups and will not be used for any other purposes. I hereby authorise and agree to the above details being verified with my doctor and the aforementioned parties, nominee & seconder.

I agree to the above details: Yes No

Date: _____