

## 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 accomodation is underaged(16-18 yold) a document from the guest parents needed when staying by the guest themselves or staying with other underaged companies.

 $\ensuremath{\mathbbmath{\mathbb{X}}}$  Personal information that you filled in this form. We will not share to the third party.

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