

STUDENT ACCOMMODATION BOOKING REQUEST

Please forward your completed form to: Student.Accommodation@djhs.org.au

Applicant Details

Name _____
 Address _____
 Phone Number _____
 Email Address _____
 University _____

Booking Details

Dates Accommodation Required *From* _____ *To* _____

How many days accommodation is required _____ Weekdays only Weekends only

Cost of Accommodation \$15 per night, capped at \$90 per week \$ _____

Linen Guests are required to supply all bedding and linen (including doonas/blankets and pillows).

Lost Keys Please note that a fee of \$200 will be charged for any keys that are lost or not returned to Western Health. This fee will be charged to cover the labour and material to replace the lock and the cutting of new key(s).

Damage Any item of the property that becomes damaged or broken either by way of accident or intention will be repaired and the costs to repair or replace the goods will be charged back to the person/s responsible. If you damage anyone's property, you will be responsible for the costs.

ACKNOWLEDGEMENT

I, _____ confirm that I have read the student accommodation
 (print name)
 handbook and agree to abide by the terms and conditions outlined therein and above.

Signature _____ Date _____

Office Use Only

Key Returned Signature _____ Date _____

STUDENT ACCOMMODATION BOOKING REQUEST

Payment

CREDIT CARD PAYMENT Only VISA & MASTERCARD will be accepted

Attention *Western Health Bacchus Marsh*

I authorise payment for the amount of AU\$

Being payment for _____

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Card Number _____
Expiry Date _____
CCV number* _____

Print Name _____

Authorised Signature _____ Date _____

* The CCV number is a 3 digit number that may be printed in the signature panel on the back of MasterCard & Visa cards immediately following the 16 digit cardholder number.

(For added security, this part of the form is removed & destroyed upon completion of processing)