

NOMINATION OF RESPONSIBLE PERSON FORM

Mondo Sojourn Pty Ltd (ABN 84 097 76 188)
T/A Adelaide's Shakespeare Backpackers International Hostel
123 Waymouth St., Adelaide S.A.,5000
Ph. 08 82317655 – Fax. 08 82116867
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The purpose of this document is to establish an individual/s as the person/s responsible for a group.

To: Directors of Mondo Sojourn Pty Ltd., – c/- 123 Waymouth St, Adelaide S.A 5000

I / We, (name/s of responsible person/s).....

Arriving on..... departing on.....no. of nights.....

of address,.....

Will act as the responsible person/s for, (name of group - company or business).....

Contact Phone of Person:Email of Person.....

- I / We agree and consent to be the responsible person and/or to be liable for any/all losses or damages or expenses caused by the abovementioned group, and to indemnify Mondo Sojourn Pty Ltd therefor.
- I authorize my credit card details to be used to pay accommodation according to any Tax Invoice AND/OR, to pay any damages incurred as a result of the Group's stay unless other methods are arranged.
- I/We agree/accept all the hostel terms, conditions, notices and rules, and in particular the charging clauses.

.....
Signed by responsible person in acceptance of these terms and conditions

Name of witness.....Signature of witness.....

DATED thisday of20.....

Credit Card details:

Name on card..... Position.....
Credit Card number _____ - _____ - _____ - _____
Card expiry date/.....
CVV2 Number (3 digits)
Signature on card

INSTRUCTIONS: Please complete and sign in the presence of a witness and fax back to (08) 82116867 at least Prior to arrival - This document must be received with payment prior to check-in