



State Level Orange Festival 2017

14th State Level Orange Festival 2017
Tent House & Home-stay Committee
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HOME-STAY APPLICATION FORM

Form No:

Guest Details:

Guest Name Gender.....

Date of Birth Age

Address

Mobile No Emergency contact No.

Email:

What is your first Language?.....

How long do you plan to stay at the homestay (1 day/ 2day/ 3day/ 4day/ 5day).....

Homestay start dateHomestay finish date.....

Do you enjoy the company of children? Yes No

Do you smoke? Yes No

Do you drink alcohol? Yes No

Do you have any special needs? Yes No Please give details.....

Do you want Homestay meals? Yes No

Do you want Homestay without meals? Yes No

Is there any food that you do not eat? Yes No Please give details.....

Do you have any allergies, medical conditions, health issues or disabilities? Yes No

Please give details.....

Conditions:

1. The allotment of home stay room to guests will be done as per the availability of rooms.
2. The committee reserves the right to alter or cancel the allotment of home stay facility.
3. The rate/ fee for home stay will be fixed by the committee.

Guest Signature:

Place:

Date:

Office Use Only