## Consent form for accommodation of minors

Year: Month: Day:

As a person with parental authority over the guest, I agree that the guest below will stay at Hearton Hotel Shinsaibashi Nagahoridori.

In addition, when staying, if the accommodation facility deems it necessary, I agree that the person with parental authority may be contacted.

[Entry column for guests]

Accommodation date	Year:	Month: Day: ~ Year: Mont: Day	:
Guest name			
Date of birth	Year:	Month: Day:	Age
Address	Ŧ	_	
Telephone number			

[Parental authority entry field]

		Relationship
Name of parent	signature starp	
Address	〒 −	
Telephone number		

✗If the guest is under the age of 18 or high school student and is traveling alone or between minors,We request that the person with parental authority submit this document.

\*Required for all guests. Please submit it to the front desk at check-in on the day.

If we cannot confirm the consent of the person with parental authority at the time of check-in, After confirming by telephone contact on the spot, the consent of the person with parental authority has been obtained by fax or mail at a later date. Please submit this document.

- \*Personal information entered will not be provided or disclosed to a third party without the prior consent of the customer.
- [Facility address]: 1-5-11 Shinmachi, Nishi-ku, Osaka 550-0013
- [ Facility address ] : Hearton Hotel Shinsaibashi Nagahoridori