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.

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	〒　－	
Telephone number	―　―	

【Parental authority entry field】

Name of parent		Relationship
	signature stamp	
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 】　：1-5-24 Nishi-Shinsaibashi, Chuo-ku, Osaka 542-0086

【 Facility address 】　：Hearton Hotel Shinsaibashi