

# WAIARIKI HOUSE

Hall of residence

## APPLICATION FORM

Date of application.....

Name.....

Preferred Name.....

Contact Address.....

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Email Address.....

Phone.....Passport / Driver Licence Number.....

Emergency Contact Person.....

Phone.....

Age (Circle)            18 – 25            25 – 35            Over 35

Learning Institution / Place of Employment .....

Course of Study.....

Medical Conditions.....

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Criminal Convictions.....

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I agree to give two weeks notice of my intention to leave Waiariki House

I agree to abide by the rules and regulations of Waiariki House

I understand that if I stay less than 30 days I will be charged \$25 per night twin share / \$30 per night single

Signature.....Date.....

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### OFFICE USE ONLY

*Directors Approval            Required/Not Required*

*Date of application.....*

*Accommodation            Available / Not available*

*Directors signature.....*