

WAIRARAPA COLLEGE HOSTEL
Letting Request Form

Group Name: _____

Contact Person

Name: _____

Phone: _____

Address: _____

Fax: _____

Email: _____

Number in Group: _____

Meals required:	Breakfast	Lunch	Tea
Number of meals:	_____	_____	_____

Arrival Date: ____ / ____ / 200__

Time: _____

Departure Date: ____ / ____ / 200__

Time: _____

Additional Information: _____

A deposit of \$500 is required on return with this form. Please make cheque out to Wairarapa College Hostel. If you require more information please contact Mr Tony Browne, Hostel Manager.

Post to

Mr Tony Browne

Hostel Manager

Wairarapa College Hostel

P O Box 198

Masterton 5810

Phone 06 370 0416 / 027 248 9016