## **HOST FAMILY ACCOMMODATION**

ACCOMMODATION BOOKING FORM

## **ACCOMMODATION INFORMATION**

Surname:		Nai	me:	
Check	(-in: /	_/Cr	neck-out: / /	
Type of room: (individual or twin) Meals included: (YES / NO)				
Do you need transfers to or from the airport? (YES / NO)				
Do you need Health and travel insurance?: (YES / NO)				
Do you need Health ar	ia travei insuranci	er. (YES/NO) [	if yes, country residence?.	
			**	
Host Family	Single room	Double room	>>> Others	ADDITIONAL SERVICES
(1)			(1)	
Bed and Breakfast <sup>(1)</sup>	27 € □	25 € □	Bilbao Transfer <sup>(1)</sup>	180 <b>€</b> / person
Half board <sup>(2)</sup>	32 € □	30 € □	Santander Transfer <sup>(2)</sup>	30 €/ person
Full Board <sup>(3)</sup>	39 € □	34 € □	Insurance Fee <sup>(3)</sup>	12,50 €/ week
<sup>(1)</sup> Includes room	, breakfast, laundry a	nd ironing	(1) Includes private transfe	r from airport to hostfamily
(2) Includes room, breakfast, dinner, laundry and ironing				
(3) Includes room, breakfast, pack lunch, dinner, laundry and ironing (3) Ask us for the highlights of benefits (without sports activities)				
	DITIONAL INFO			
_	_	o no eat pork	Smoker	
	_	o no eat meat	Can' live with smokers	
☐ Celiac ☐ Can't live with dogs ☐ Can't live with cats				
☐ Allergies:				
☐ Others:				
Do you want to stay with someone else? Please, indicate below his/her name:				
FAMILY INFORMATION				
Daniella manua in Falli				
Parent's names in Full:				
Together/Divorced/Separed/Otthers:  Home address (1):				
Home address (2):				
Telephone (1): (2) (3):				
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For all matters relating to the hostfamilies, please contact the company "Host Family in Spain" directly via the following contact:				
santander@hostfamilyspain.com				
Signature:			Date:	
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