



THE SHALOM  
INSTITUTE

THE SHALOM INSTITUTE

**ACCOMMODATION BOOKING FORM**

Name: \_\_\_\_\_  
 Male     Female

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone/Mobile No: \_\_\_\_\_

Booking dates:    From: \_\_\_\_\_ to \_\_\_\_\_

<b>SINGLE (SHARED BATHROOM)</b>		
@ \$65 PN (Bed + Breakfast)	x 65 = \$	
	(no. of nights)	
<b>SINGLE (ENSUITE)</b>		
@ \$85PN (Bed + Breakfast)	x 85 = \$	
	(no. of nights)	
Less Non-refundable Deposit (25%)	= \$	_____
<b>Balance:</b>	\$	=====

Credit Card Details: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Verification Code \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

**Terms & conditions of stay**

- Minimum stay 2 nights.
- 25% non-refundable deposit is required on confirmation of booking. Balance due on arrival.
- I understand and agree that a minimum of one week's notice is required to cancel a booking or I will be liable for full payment and such payment will be deducted from my credit card account as stated above.
- In the event of my leaving without settling my account/s, I authorise Shalom College to debit my credit card for the balance amount owing.

DR HILTON IMMERMAN  
MASTER/ CEO

MICHELLE KUBIE  
ADMINISTRATOR  
[michelle@shalom.edu.au](mailto:michelle@shalom.edu.au)

POSTAL ADDRESS  
SHALOM COLLEGE  
UNSW SYDNEY 2052

LOCATION  
SHALOM COLLEGE  
UNIVERSITY of  
New South Wales  
BARKER ST  
KENSINGTON SYDNEY

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_



THE UNIVERSITY OF  
NEW SOUTH WALES