Kent College of Business & Computing

67-71 High Street, Gillingham, Kent, ME7 1BJ

ACCOMMODATION BOOKING FORM

BLOCK CAPITAL LETTERS PLEASE

Title Mr/ Mrs/ Miss/ Ms					

Surname																				

First Name																		

Other Name																		

AGE: _____ NATIONALITY: _____ SEX (F/M): ____

PRESENT ADDRESS: _____

_____

Tel. No: _____ Fax No: _____ E-mail: _____

Name & address of a person/company responsible for paying the fees (if different from the above):

Name: _____

Address: _____

_____

Post Code: _____ Telephone No: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS BY TYPING YES OR NO:

1. **Are you a vegetarian (yes or no)? _____**
2. **Do you smoke (yes or no)? _____**

ACCOMODATION REQUIRED

ROOM IN A SHARED HOUSE (£60 PER WEEK):
NUMBER OF WEEKS: _____START DATE: _____FINISH DATE: _____

I agree to pay the fees when they are due. I understand the sum of **£20.00** and the deposits paid are non-refundable.

I agree to abide by the rules and regulations of the College stated in the college prospectus.

I enclose the sum of £_____(inclusive of £20 booking fee).

Signed: _____ Date: _____