

TasTAFE RESIDENCE

Guest check in

Residence Clarence Alanvale

Check in date _____

Check out date _____

Unit number _____ Room number _____

Applicant details

Full name _____

Date of birth _____ Age _____

Home address _____

Postal address _____

Email address _____

Mobile _____

If you are undertaking a TasTAFE course, please complete the following:

Course of study _____

Campus _____

If you are parking your vehicle at the Residence during your stay, please complete the following information:

Make/model

Colour

**Registration
number**

Signature of guest

Date

STAFF USE ONLY

**Staff member
checking in guest
(name)**

Signature

Date
