## Parental/Guardian Consent Form for Minor Guest Stay

As the parent or legal guardian of the guest listed below, I hereby give my consent for the minor to stay at

Guest Information	on]					
Stay Period	From:	, 20	To:	, 20	, 20	
Hotel Name						
Full Name						
Date of Birth	,	,	,		Age	
Address						
Phone Number	_	_				
Parent/Guardiar	n Information]					
Full Name				Relation	Relationship to Guest	
Address				•		
Phone Number	_	_				

\* Personal information provided on this form will be used solely for the purposes stated and will not be disclosed or shared with third parties without your consent.

\* Please complete this form and send a **photo** of it via email to [contact@illi-group.com] or via the

\* A separate form must be submitted for each guest under the age of 18.

messaging system on your booking site by the day before check-in.

\* On the day of check-out, please leave the original copy of this form in the room.



Date: \_\_\_\_\_, 20\_