



2011 HOME HOST REGISTRATION FORM

SECTION 1

CONTACT DETAILS

Please check / indicate your correct details below

Name _____

Address _____

Phone (AH) _____ Fax (AH) _____ Mobile _____

Phone (BH) _____ Fax (BH) _____ Email _____

SECTION 2

PARTICIPATION

I am willing to accommodate guests for

Ag-Quip Field Days Yes No

Private Short Term Boarding Yes No

SECTION 3

ACCOMMODATION TYPES AND OPTIONS

I am making accommodation available which is located in

Rooms in my home Self contained flat A complete house

Do you smoke inside your home? Yes No

Do you have a pet cat or dog that you allow inside your home? Yes No

I/We are happy to have

Women Yes No Exhibitors Yes No

Men Yes No Visitors Yes No

Children Yes No Same guest as last year Yes No

Couples Yes No Smoker (inside) Yes No

Smoker (outside) Yes No

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SECTION 4

AMENITIES

Please indicate the number of each you have available

Amenities (not outside)	Number available	Exclusive use by guests	Comments
Bathrooms			
Toilets – in bathroom			
Toilets – separate			
Ensuite			

SECTION 5

HOME INSPECTION

Please indicate the best day/s time/s for your home inspection (tick relevant box/es)

Mon Tues Wed Thurs Fri
 Time _____ Time _____ Time _____ Time _____ Time _____

SECTION 6

ROOMS AVAILABLE

Please indicate the number of rooms and bed types for each you will have available.

Complete Part A and Part B if you have a Flat **AND** Home Rooms available at the same address

Please tick all relevant boxes

PART A – ROOMS IN YOUR HOME OR COMPLETE HOUSE

	Ag-Quip	Private Short Term Boarding	Comments
Single Rooms (Rooms with 1 single bed, not fold up)			
Twin Rooms (Rooms with 2 single beds, not bunk beds)			
Double Rooms (<input type="checkbox"/> double bed <input type="checkbox"/> queen bed or <input type="checkbox"/> king bed)			
Triple Rooms (<input type="checkbox"/> single beds or <input type="checkbox"/> double/ <input type="checkbox"/> queen & single)			

PART B – SEPARATE SELF CONTAINED FLAT (WITH OWN BATHROOM & KITCHEN)

	Ag-Quip	Private Short Term Boarding	Comments
Single Rooms (Rooms with 1 single bed, not fold up)			
Twin Rooms (Rooms with 2 single beds, not bunk beds)			
Double Rooms (<input type="checkbox"/> double bed <input type="checkbox"/> queen bed or <input type="checkbox"/> king bed)			
Triple Rooms (<input type="checkbox"/> single beds or <input type="checkbox"/> double/ <input type="checkbox"/> queen & single)			

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SECTION 7

DECLARATION FOR RECEIPT OF FULL PAYMENT

By law, if you do not provide an ABN number, Gunnedah Home Hosting can retain 48.5% of your payment for taxation purposes, unless you provide a statement (see below) declaring your reason for exemption. If the statement box below is not applicable to you, more detailed Statement forms with other reasons for exemption are available from the Visitor Information Centre

Australian Business Number (ABN)

If you cannot provide an ABN number please read the statement below and if applicable tick the box

Under the Pay As You Go legislation and guidelines produced by the Australian Taxation Office I provide you with a written statement that, for the supply I am making and further supplies of this type that I make to you:

The supply is made to you in my capacity as an individual, and the supply is wholly of a private or domestic nature for me

Therefore, I am not quoting you with an ABN. You should not withhold an amount from the payment you make to me for the supply. I agree to advise you in writing if circumstances change to the extent that this statement becomes invalid

SECTION 8

PRIVACY DECLARATION

I agree to Gunnedah Home Hosting disclosing any details provided on this form to Home Host Clients or prospective Clients

Yes No

SECTION 9

INSURANCE POLICY

You must have private Home and Contents insurance to be a Home Host provider. Please supply your Insurance Company name and your current Home and Contents policy's expiry date for 2011/2012.

Remember you must have Home and Contents Insurance to be a Host!

(Registration forms **WILL NOT** be accepted without this information.)

Please indicate below your home and contents insurance policy number and expiry date

_____ Date _____

SECTION 10

Please sign and date below, irrespective of your responses above.

Signature _____ Date _____