TUI FAMILY LIFE
Kerkyra Golf

REGISTRATION CARD

No. of Persons ....(Adults - Over 11.99 years old)

..................................(Children - Under 11.99 years old)

Name & Date of Birth (1) .... / .... / ....

Name & Date of Birth (2) .... / .... / ....

Name & Date of Birth (3) .... / .... / ....

Name & Date of Birth (4) .... / .... / ....

Passport No. .... Nationality. ....

Telephone ....

Address ....

Email ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
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Date of Arrival .... / .... / .... Date of Departure........ / .... / ....

Terms of Stay ☐ BB ☐ HB ☐ FB ☐ AI Tour Operator ....

Methods of Payment Cash ☐ Credit card ☐ Have you stayed with us before? Yes ☐ No ☐

In which Louis Hotels have you stayed at before? ....

Please tick this box if you do not wish to be contacted by us ☐ Room No. .... ***For official use only***

PUBLIC HEALTH HOTEL GUEST CONFIRMATION

To assist us in providing for the health and safety of guests and staff at this Hotel, we require you to answer the following questions:

1) Within the last 3 days, have you or any person listed above developed any symptoms of diarrhoea or vomiting? Yes_______ No_______

2) Do you, or any person listed above, have a fever or feverishness PLUS any ONE of the following additional symptoms: cough, runny nose or sore throat? Yes_______ No_______

Please confirm your agreement to the following:

I understand that if I do develop any symptoms of diarrhoea or vomiting at any point during my stay at the Hotel, I must report these symptoms as soon as possible to the Hotel reception. I agree to remain in my Hotel room if required for 48 hours and to see a doctor if required and/ or be restricted from using certain hotel facilities until 48 hours after my symptoms have resolved to help prevent the spread of my illness to other guests.

I understand that I may be asked to fill in a Guest Gastric Illness Questionnaire and undergo a medical examination by a doctor. I may also be asked to undergo tests, including providing faecal samples, to verify my illness and identify the pathogen which has caused my illness.

I understand that if I do not follow the above procedure, not only could this have serious public health implications for my fellow guests, it will affect my ability to prove in the future any possible gastric illness during my holiday.

I can confirm that I have read and understood this document and my signature is binding for all the persons listed above.
I undertake to inform all parties of my booking of these requirements

Signature: ……………………………. Date ……………………….................